



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:	Storey Broe Nursing Service Limited
Address of centre:	Morrison Terrace, Mullauns, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	19 January 2023
Centre ID:	OSV-0005504
Fieldwork ID:	MON-0037665

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:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 January 2023	10:00hrs to 17:30hrs	Leanne Crowe	Lead
Thursday 19 January 2023	10:00hrs to 17:30hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

On the day of the inspection, the inspectors spoke with a number of residents and visitors who expressed their satisfaction with the service they received in the centre. However, feedback was mixed with others telling inspectors that improvement was needed in relation to the provision of activities and the availability of staff to support them with their needs.

This was an unannounced inspection and on arrival to the centre, the inspectors were guided through the infection prevention and control procedures by the person in charge. An introductory meeting was carried out with the person in charge and director of nursing, followed by a walkabout of the centre. This gave the inspectors an opportunity to meet with residents and staff and to observe their day-to-day routines in the centre.

The inspectors communicated with a number of residents who said that they were very happy living in the centre, with one resident stating that "this is a lovely place, I could not fault it". Another resident told the inspectors that "there's no place like home, but this is as good as you could get".

It was clear that residents felt supported to make choices in relation to their routines. One resident appreciated that they could spend time in communal rooms with other residents, and well as "have their own space" in their bedroom. Another resident emphasised that "you can make your own choices and staff respect them".

Most residents were complimentary about the food but a small number told inspectors that they "were fed up of the same kind of food all the time". Residents' meals were provided in two dining rooms. Mealtimes were unhurried and all residents were provided with a variety of good quality and nutritious food. Residents on specialised diets had their needs catered for. One resident told inspectors that they were no longer receiving a special item of food that they had requested. This was immediately rectified by the director of nursing on the day of the inspection.

The centre was warm, bright and well-laid out for residents. The communal areas were comfortable, with appropriate furniture provided throughout. A small seating area with an electric fire was located beside reception, giving residents the opportunity to observe visitors coming and going throughout the day. Residents expressed satisfaction with their bedroom accommodation, stating that they had enough space for their belongings. Inspectors saw that many of the bedrooms were personalised with art, plants, soft furnishings and photographs of their loved ones.

Inspectors observed staff to be warm and respectful in their interactions with residents. Residents described the staff as "brilliant" and "exceptional". However, inspectors observed that there was not always enough staff to respond to residents' needs promptly, resulting in residents having to wait before being attended to. For example, one resident was observed requesting assistance from a staff member who

politely advised the resident that they “needed to wait for a second staff member” to be available before they could help them. A resident told the inspectors that while staff were “doing their best”, they are often waiting a long time for assistance to go to the toilet and that staff are especially busy around meal times.

On the day of the inspection, the majority of residents were observed to spend a large part of their day in either of the two sitting/dining rooms or in their own bedrooms. Inspectors observed that at times there was minimal supervision in the communal rooms where a number of residents were spending their day. For example, there were extended periods of time where there were no staff present in these communal rooms, which did not ensure that residents requiring assistance or supervision were appropriately supported at all times.

Inspectors observed that during the morning of the inspection, there were few opportunities for social engagement or activities for residents.

On the afternoon of the inspection, an external provider facilitated an art and craft class and eight residents were present for this activity. There were mixed levels of engagement in relation to the activity but those that were engaged appeared to enjoy it. During this time, an external physiotherapist was facilitating an exercise class in another communal area. Six residents were observed to take part, with a staff member providing assistance. There was little evidence that the remaining residents, especially those who spent time in their bedrooms, were offered opportunities for meaningful engagement in activities or interactions with staff, with the exception of when staff were providing personal care or assistance. These observations were validated by feedback from residents on the day. Residents told inspectors that they would like if there was more to do and that they “found the day long”. Residents showed the inspectors a copy of the activity schedule for that week but said that some activities on the schedule only happen “every so often”.

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

Capacity and capability

Overall, inspectors' findings demonstrated that this was a well-managed centre where residents received a good standard of care. This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Improvements had been made since the last inspection in January 2022 and the provider had addressed all of the actions from the previous inspection. However, further actions were now required to bring the designated centre into full compliance with the regulations and that resources were available to ensure that residents received care and support in line with their

assessed needs.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Riverview. A director of the company represents the provider entity. There was a clearly defined management structure in place, which included the centre's person in charge, a director of nursing, a clinical nurse manager and senior staff nurse, all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

The governance and management structure had changed since the previous inspection, for example, a new director of nursing and a new person in charge had been appointed between January and April 2022. Inspectors found that there were systems in place to support the governance and oversight of the centre. Regular meetings were taking place at all staff levels in relation to the operation of the service, including clinical governance meetings which were attended by representatives of the nursing management team and senior management within the provider entity.

A programme of audits was in place which assessed compliance with key clinical areas as well as other aspects of the service. Inspectors found that the quality of these had improved since the previous inspection. Records indicated that quality improvements plans now clearly set out and tracked progress with any actions required to increase compliance.

An annual report on the quality of the service for 2022 was being drafted at the time of the inspection.

Inspectors were not assured that the complement of staff on the day of the inspection was adequate to provide care and support for the 51 residents that were accommodated in the centre. This is addressed under Regulation 15, Staffing.

A summary of the complaints policy was displayed in the centre. A record of complaints was maintained, which included details of each complaint, their investigation and any actions taken to address issues identified.

Regulation 14: Persons in charge

The person in charge had been appointed since the previous inspection and worked full-time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was knowledgeable regarding the specific care needs of the residents accommodated in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were not sufficient staff on duty on the day of the inspection to provide care and support for the 51 residents accommodated in the centre. This was evidenced by the following:

- Residents in two communal dining/sitting rooms spent significant periods of time without staff being present in these rooms to respond to their needs. In addition, some of these residents were at risk of falls and required high levels of supervision to ensure that they mobilised safely
- Feedback from residents indicated that call bell response times were not always prompt. This was further evidenced by a review of call bell audits, which demonstrated a number of response times that exceeded five minutes but one response time of 56 minutes. The provider was developing an action plan to address this at the time of the inspection
- The centre had a social care practitioner, who management stated was responsible for the provision of activities. However, from speaking with staff and residents, reviewing records and observing the activities that took place on the day of the inspection, this role predominately related to caring and administrative duties and supervision of care staff. With the exception of developing the activities programme, the staff member was not observed carrying out any other tasks in relation to the provision of activities. Activities on the day of the inspection were instead facilitated by a part-time employee and some external service providers. Therefore it was not clear how activities were provided on the days that only the social care practitioner was rostered
- The number of nursing staff available in the centre was not sufficient to cover unplanned absences. This was evidenced by the rosters, which showed that due to two unplanned absences, two members of the nursing management team were required to work as staff nurses providing nursing care for residents for a total of nine shifts during the week of the inspection. Consequently, they had not been able to fulfill their management and duties. While inspectors acknowledged this was an unplanned absence, they were not assured that the provider had sufficient nurses on their staff team or an effective contingency in place to cover these absences.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of four residents' contracts for the provision of care and services. While the contracts contained most of the information required by the regulations, one contract reviewed did not set out the terms of the occupancy. The person in charge stated that they would address this immediately following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place to manage complaints. A review of records indicated that complaints were investigated and responded to appropriately.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the care and support many of the residents received was person-centred and of a good quality. However, further efforts were needed to ensure that residents had sufficient opportunities to engage in activities in line with their capacities and preferences and that assessment and care planning processes were carried out in line with the regulations.

Some care plans needed further development to ensure that they were informed by up-to-date assessments and contained appropriate and comprehensive information to guide nursing and care staff. There was a lack of evidence of consultation with some residents and/or their representatives during care plan reviews. Care plans in relation to residents' psychosocial wellbeing had not been completed or had been partially developed in some cases, which did not assure inspectors that the centre's programme of activities were being informed by the residents' assessed needs and preferences.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian

services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan.

Residents had access to local television, radio and newspapers. There were regular residents' meetings, which sought feedback on areas such as staffing, activities and the quality of food being served. Actions plans were developed in response to any areas of improvement identified. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed.

Action was required to ensure that all residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. While inspectors were informed that there was a staff member responsible for facilitating and providing activities to residents, the focus on their work on the day of the inspection was supervision of care staff and administrative tasks. Consequently, inspectors observed that apart from the arts and crafts and exercise sessions that were provided for 14 residents during the afternoon, residents had few opportunities for occupation or social interaction. A number of residents who spoke with inspectors also expressed dissatisfaction with the provision of activities. Further findings in relation to residents' access to activities is detailed under Regulation 9, Residents' rights.

A number of residents exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). From discussion with staff and observations of inspectors, there was evidence that residents who presented with responsive behaviours were supported in a person-centred way by staff, using effective de-escalation methods. These methods were reflected in dedicated care plans.

There was a restrictive practice register in place. The use of restraint in the centre was kept to a minimum, with a small number of residents using bedrails or other physical restraints at the time of the inspection. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled prior to implementation.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors in a designated visitors' room, a communal area or in their bedroom, in line with their preferences. Visits were encouraged with precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There were sufficient staff available at mealtimes to assist residents with their meals. Residents who were assessed as being at risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists. Residents requiring specific, modified or fortified diets

were provided with meals and snacks prepared as recommended.

Residents in the centre were protected from abuse and all reasonable measures were taken to ensure their safety. Any suspicions or allegations of abuse had been investigated promptly and responded to appropriately. Residents who spoke with inspectors said that they felt safe in the centre.

Regulation 11: Visits

Visits were facilitated in line with current public health guidelines and according to residents' preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a choice at mealtimes and food was safely prepared. Meals were wholesome and nutritious and the dietary needs of all residents were met.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While the overall quality of care planning documentation was good, the inspectors identified some deficits that required action:

- There were inconsistent records in relation to evidence of consultation with residents and/or their representatives during care plan reviews
- A care plan in relation to a resident's skin integrity had been developed with specific interventions, but this had not been informed by the conclusions in the corresponding assessment of need
- A care plan had been developed for a resident, but had been informed by a partially completed assessment that did not reflect key information in relation to the residents' needs
- A number of care plans in relation to residents' psychosocial wellbeing had not been developed or fully completed. Therefore inspectors were not assured that residents' needs and preferences had been considered when developing the centre's activities programme.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioner (GP). Residents also had access to a range of allied health care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was good evidence that the designated centre was making efforts to reduce the use of restraints including full-length bed rails in use. All instances of restraint in the centre were implemented in accordance with national policy.

Residents who expressed responsive behaviours were supported by staff, in line with their assessment and care plans.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that measures were in place to protect residents from abuse. Safeguarding incidents were appropriately managed and safeguarding care plans were developed where required.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not provided sufficient opportunities for residents to participate in activities in accordance with their interests and capabilities. This was evidenced by the following:

- Inspectors were informed that one staff member was responsible each day for the provision of activities to the 51 residents that were accommodated in the centre. While activities took place on the afternoon of the inspection,

residents were seen to spend significant periods of time in sitting rooms or in their bedrooms, with limited access to any form of meaningful activity other than music or televisions playing in the background

- Some residents who spoke with inspectors felt that there were not sufficient meaningful activities provided for them
- Records of residents' participation in activities were not consistent. Residents' level of engagement with the activities provided was recorded until October 2022, but had ceased after that date and records now only listed the activities residents had attended. Additionally, there were gaps of a number of days identified in these records. The records reviewed on the day of the inspection did not assure inspectors that residents had access to appropriate activities in line with their capacities and preferences, and therefore residents' social care needs were not met.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Riverview OSV-0005504

Inspection ID: MON-0037665

Date of inspection: 19/01/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The social care practitioner is now rostered for full time SCP hours. A full re-assessment and review of the residents social care plans is underway and a social, recreational and therapeutic plan is being agreed with each resident. Already the SCP has been able to provide additional one-to-one activities including excursions out of the home. A recreational therapist who was part time in another Sonas centre is now in a full-time permanent position and is now rostered additionally for Sonas Riverview. This has enabled the recreational therapy roster to be increased by an additional 6 days in a fortnight. The two recreational therapists and the SCP under the guidance and direction of the PIC are now actively engaging with the residents and seeking their input and feedback into the development of the social, recreational and therapeutic programme. There was a surplus of nursing hours in another Sonas centre so a nurse has been deployed from there to Sonas Riverview until the period of unplanned leave is complete. This has enabled the resumption of management hours (supernumary hours) for the CNM and APIC. Recruitment is always ongoing and the PIC is supported with this by the HR department in the support office. The unplanned absence was initially short term and had therefore been covered internally. Sonas nursing homes have a contract with 3 staff agencies and can arrange for agency cover in the event of any unplanned absences which cannot be addressed internally.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • There were inconsistent records in relation to evidence of consultation with residents 	

and/or their representatives during care plan reviews. A holistic review of all care plans is underway with residents and their representatives. The SCP and nursing staff are discussing all care plans with the residents and their representatives and the outcome from these discussions are being documented. The PIC reviews these weekly as part of the weekly report which must be submitted to the Director of Quality & Governance. The Director of Quality & Governance monitors the records remotely and will ensure that all records are holistic, accurate and up-to-date.

- A care plan in relation to a resident's skin integrity had been developed with specific interventions, but this had not been informed by the conclusions in the corresponding assessment of need. The PIC has undertaken a full review of all residents skin integrity and is assured that the practices and the documentaiton correspond and that all care plans have been developed by a comprehensive and accurate assessment.
- A care plan had been developed for a resident, but had been informed by a partially completed assessment that did not reflect key information in relation to the residents' needs. All assessments are now comprehensively completed.
- A number of care plans in relation to residents' psychosocial wellbeing had not been developed or fully completed. Therefore inspectors were not assured that residents' needs and preferences had been considered when developing the centre's activities programme. Together the nursing staff, the SCP, the recreational therapists and the residents and/or their representatives are reviewing and updating the psychosocial wellbeing. The PIC has set a completion date for this for 31/03/2023. As they are completed they are reviewed by the PIC.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The social care practitioner is now rostered for full time SCP hours. A full re-assessment and review of the residents social care plans is underway and a social, recreational and therapeutic plan is being agreed with each resident. Already the SCP has been able to provide additional one-to-one activities including excursions out of the home. A recreational therapist who was part time in another Sonas centre is now in a full-time permanent position and is now rostered additionally for Sonas Riverview. This has enabled the recreational therapy roster to be increased by an additional 6 days in a fortnight. The two recreational therapists and the SCP under the guidance and direction of the PIC are now actively engaging with the residents and seeking their input and feedback into the development of the social, recreational and therapeutic programme. The PIC has guided the new team in terms of the requirements for documentation and record keeping and this is being monitored weekly.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number 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	31/03/2023
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.	Substantially Compliant	Yellow	31/03/2023
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available	Substantially Compliant	Yellow	31/03/2023

	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.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/03/2023