



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Knock
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyhaunis Road, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	06 March 2025
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0046267

## About the designated centre

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

Sonas Nursing Home Knock is a modern two-storey purpose-built designated centre that opened in 2019. It is a short drive from the village of Knock, and local shops, cafes, churches, and basilica are readily accessible. Accommodation is available for 57 residents and is provided in 51 single and three double bedrooms. All rooms have full en-suite facilities. There is communal sitting and dining space on both floors. The centre has good levels of natural light and is supplied with fixtures and fittings to enhance the independence of residents. It is furnished appropriately to meet the needs of residents. The first floor is accessible by lift and stairs. 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 in a way that promotes their health and well-being.

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

Number of residents on the date of inspection:	49
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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 6 March 2025	09:20hrs to 17:00hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were very happy with the care they received and that the staff looked after them very well.

Upon arrival, the inspector was met by the assistant director of nursing and, following an introductory meeting in relation to the purpose of the inspection, accompanied the inspector on a walk around the designated centre. A short time later, both the provider and the person in charge arrived and participated in the inspection.

During the walk around the designated centre, the inspector had the opportunity to observe residents engage with their day-to-day routines and observe the care being provided to them by the staff team. Several residents were observed in the dining rooms, finishing off their breakfast, while others had remained in their rooms after having breakfast brought to them by staff in accordance with their preference.

The inspector spoke with several residents during the course of the day. All residents who expressed a view said that this is a great centre and that they are happy that they moved there. One resident told the inspector that " staff are very pleasant and they cheer me up every day."

The inspector observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in an unhurried person-centred manner. It was obvious that staff were aware of residents' assessed needs and that residents felt safe and secure in their presence. Discussions held with several residents throughout the day confirmed that they felt safe in the centre and would be able to talk to any member of the staff team if they had a worry or a concern.

The centre was warm and clean, with accommodation laid out over the ground floor and the first floor served by a passenger lift. Communal areas were tastefully decorated and furnished with comfortable seating and furniture for the residents. Corridor and communal room walls were decorated with art works, some of it done by the residents.

Resident bedrooms were single or twin-bedded room occupancy. Bedrooms were found to be personalised by residents, with their photographs and momentos from home on display. Residents who spoke with the inspector said that they found their rooms comfortable and that they had enough storage for their personal belongings. However, the inspector observed that the layout of twin-occupancy bedroom 33 did

not ensure that residents could have their chairs located by their bedside due to its current layout. At the time of this inspection this room was single occupancy.

There were no restrictions on residents accessing all areas of their home, both inside and outside.. There was an enclosed garden area which was well-set-up for residents to use. Pathways were level and well-maintained, and sufficient seating was available to cater for the number of residents using this facility. A smoking shelter was available for residents who smoke, although the inspector was informed there were no smokers in the centre. This facility met the required safety requirements.

There was good attention to way finding with signs and directions in place providing direction to all key areas of the centre. In addition, there was good use of notice boards providing key information about upcoming events, the activity schedule, and how a resident would register a complaint or access advocacy support.

Activities were well-organised in this centre, with a schedule that covered the entire week. Both the ground and first floor had their own dedicated activity co-ordinator to provide stimulating activities to the residents. An additional activity resource supported residents' access to amenities in the local community. Some activities observed on the day included a music session, an exercise game, and several individualised activities for residents who did not want to engage in group activities.

The inspector observed that residents were facilitated to attend the dining room for mealtimes and appeared to enjoy the social interaction, while other residents who wished to have their meals in their rooms were accommodated. There was easy access to refreshments, and residents were offered soup, tea, coffee and water throughout the day. The inspector observed that catering staff were friendly and approachable and took into account residents' likes and dislikes. During lunchtime, food choices consisted of boiled bacon or beef burgers meal. Both dishes appeared appetising and tastefully presented. Residents told the inspector that " the food is good" and were observed enjoying lunch in the dining room.

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

## Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team was proactive in responding to issues identified through audits and quality assurance systems with a focus on continual improvement.

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There was a clearly defined management structure in place responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consists of a person in charge who works full-time in the centre and is supported in their role by an assistant director of nursing and a clinical nurse manager. The remainder of the staff team consists of staff nurses, two activities coordinators, a social care practitioner, health care assistants, household, catering, maintenance and administration staff.

At the time of this inspection the provider had submitted an application to renew the registration of the designated centre. This was currently being processed in line with relevant procedures.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included a schedule of clinical, environmental and operational audits. Where improvements were identified, action plans were developed and actioned within defined time lines. There was regular provider oversight of information gathering through monitoring systems at governance meetings, which were held on a monthly basis. Although the inspector found systems and oversight practices were working effectively in this centre, the provider failed to ensure that Schedule 4 notifications contained all of the information required under the regulations. This is discussed in more detail under Regulation 31.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Observations of staff and residents' interactions confirmed that staff were aware of residents' needs and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members. The provider was recruiting for an activity co-ordinator position at the time of this inspection.

Records confirmed that there was a high degree of training provided in this centre. This was provided either on-line or by face-to-face training. There was a focus in this centre in promoting staff development by offering courses on their on-line training platform. Discussions with staff members confirmed that there was a focus on ensuring staff were provided with the required training to perform their roles to a high standard. There was effective oversight of staff performance through probation, induction and an appraisal system.

The provider maintained a policy and procedure for complaints. Records confirmed that the provider investigated complaints in line with this policy. The provider was

keen to learn from complaints and to identify patterns that may impact on the quality of the service.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result, staff demonstrated appropriate knowledge and skills in their work.

Judgment: Compliant

#### Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficiently robust to meet all of the requirements of the regulations, for example:

- Current management systems have not identified all of the required information to be submitted to the office of the Chief Inspector in order to meet the requirements of Regulation 31.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an updated statement of purpose available in the designated centre, which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Not compliant

### Regulation 34: Complaints procedure

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

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

Judgment: Compliant

## Quality and safety

Overall, the care was provided in an open and supportive manner in which residents' rights were respected and promoted. Daily routines were flexible, and residents were observed spending their day as they wished, either to engage in the organised group activities or to follow their own individual routines. The staff knew the residents very well and were familiar with their preferences.

The inspector reviewed several care records and found that residents had an assessment of their needs on admission. Following the assessment, care plans were developed with the resident or their representative, setting out care needs and the resident's preferences for care and support. Care plans also identified the resident's self-care abilities to ensure that the resident's independence was promoted.

Residents had good access to their general practitioner (GP) and specialist medical services, including psychiatry of old age. Specialist health services such as dietitians, speech and language therapists, tissue viability nurses, palliative care and occupational therapy services were made available for residents in line with their assessed needs. The in-house physiotherapist visited the centre on a weekly basis, and there was a physiotherapist assistant who worked in the centre full-time and assisted residents in maintaining their exercise and mobility goals.

The centre had low levels of restrictive practices. Where restraints such as movement sensors and bed rails were in use, there were risk assessments in place, and there was a clear record that other least restrictive equipment and solutions had been trialled but were not effective. Consent from residents or, where appropriate, their nominated person was accessed prior to the introduction of the equipment. The restraints register was up-to-date, and records showed that restrictive practices were reviewed regularly.

Residents who spoke with the inspector said that they felt safe in the centre and added that staff were always available to support them. A review of Schedule 2 records confirmed that staff working in the centre had the required Garda Vetting in place prior to taking up their role. The provider was not acting as a pension agent for residents living in the centre at the time of this inspection.

The information guide made available for residents and potential residents was informative and provided key information about the centre. This document was reviewed and updated by the provider at suitable intervals.

The environment was clean and decorated in a homely manner. Housekeeping staff were knowledgeable about the risks of infection, and observations confirmed that cleaning equipment was well-maintained and fit for purpose. There were good processes in place directing staff how to clean effectively and how to maintain their cleaning equipment. There was a clear procedure for terminal cleaning of bedrooms as they became vacant. High risk areas such as the laundry, the sluice room and the cleaner's store were kept clean and tidy and had suitable hand washing facilities.

The premises were well-maintained and tastefully decorated to ensure resident comfort. There was a selection of communal and private areas for residents to use.

Equipment in use to provide care to the residents, which included mobility equipment, hoists and hoist slings and resident beds, were serviced regularly. Residents enjoyed unrestricted access within the centre and had access to fresh air in a secure garden area. There was appropriate furniture and seating available for residents to enjoy this space.

However, the layout of twin-occupancy bedroom 33 did not ensure that if this room increased to twin occupancy in line with the number of beds for which each of these rooms was registered, that both residents could have a comfortable chair beside their bed to sit out.

There were arrangements in place regarding the oversight of fire precautions in the centre. Resident PEEPs (personal emergency evacuation plan) were in place and updated when required. Simulated fire drills were available to review and contained a more comprehensive account of the evacuations carried out, the needs of the residents evacuated, and a review of how effective the evacuation in order to identify further improvements. Records relating to the servicing of fire equipment and the management of the fire system were in date. Staff were able to confirm their attendance at fire safety training and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire.

Residents had opportunities to engage in a variety of meaningful social care activities each day that enriched the quality of their lives and well-being. Residents were supported in accessing their local community through arranged outings to places of interest and events. The schedule of activities included dog therapy, sing-alongs, board games and arts and crafts. Arrangements for musicians to visit the centre twice weekly was maintained since the last inspection, and residents told the inspector that they really enjoyed these music sessions.

Several residents were observed attending religious services, while others were observed attending the hairdresser, who attends the centre twice weekly. Residents had access to television, radio and newspapers. Staff were attentive to residents' requests for support, and care was observed being provided in a safe manner. Residents also had access to Internet services and were using their mobile phones and tablets on the day to keep in touch with their families and friends through social media sites.

Advocacy services were made available for residents and information about the services were available on the resident notice board and in the resident information guide.

Residents reported high levels of satisfaction with their meals and other refreshments. The inspector observed part of the lunch time meal and found that there were sufficient staff available to support residents at meal times. Residents were offered a choice of meals and could enjoy a variety of snacks and drinks throughout the day.

## Regulation 17: Premises

The current layout of one twin-occupancy room on the first floor required review to ensure that it met the assessed needs of the residents occupying this room. Although this room provided adequate floor space to meet the requirements of the regulations, their current layout did not provide residents with sufficient space around their beds to be able to access a comfortable bedside chair. At the time of this inspection there was only one resident residing in this room.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The resident information guide was made available for residents and their families and contained all of the information required under Regulation 20. The following information was included in the guide:

- A summary of the services provided in the designated centre.
- For the terms and conditions relating to residence in the designated centre, a minor amendment was required to ensure accuracy regarding the fees for service charges.
- The complaints procedure.
- The visiting arrangements were in place for residents to receive their families and friends.
- The arrangements in place to access independent advocacy services.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy which met the requirements of the regulations. Overall risks were well-managed in this centre, in instances where hazards were identified, appropriate controls were put in place to either remove or reduce the identified risk. A review of incidents and accidents was carried out by the provider in an attempt to identify learning opportunities to improve the service to the residents.

Judgment: Compliant

## Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire, which included the maintenance of fire systems and regular review of fire precautions. There is good oversight of fire safety systems in this centre, records were available to confirm that the provider was carrying out simulated evacuations, and staff were knowledgeable of their role of keeping residents safe in the event of a fire emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of records seen on inspection confirmed that residents had a pre-admission assessment completed prior to their admission to the designated centre. A range of suitable care plans were found to be developed for each resident based on their individual needs and following validated nursing assessments.

For example, residents who were at risk of falls had a falls risk assessment completed to inform the relevant care plan. The records reviewed also confirmed that care plans were completed for residents within 48 hours of their arrival in line with the regulations. Where residents were unable to fully engage in this process, relevant family members were consulted.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to their general practitioner (GP) and specialist medical health services as required. There was also access to other services such as speech and language therapy, tissue viability nursing and dietitian. Physiotherapy services were provided in-house, and residents reported improvements in their health and independence since their admission to the centre.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be

able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

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

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

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0046267

Date of inspection: 06/03/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All required information has been submitted to the Chief Inspector (updated SOP 09.04.25) and sensor mats will be reported on the quarterly notifications (30/04/25).	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All restrictive practices will be reported on a quarterly basis to the office of the Chief Inspector, as required by Regulation 31. For example, the use of sensor mats, which had the potential to impact on residents' free movement when activated, will now be reported. This will be overseen by the Quality Manager and the Director of Quality and Governance.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Director of Facilities and Business Development and the Maintenance Supervisor have been onsite to assess the layout of the twin-occupancy rooms. These rooms will be	

re-configured to ensure that sufficient space is available to each resident and so that each resident has access to a bedside chair.

The furniture arrangements and dividing curtains within each room have been reviewed and works for an additional TV point 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 a resident is accommodating is suitable to meeting their needs.

Furniture layout in the double room has been reviewed to make sure it meets residents needs or replaced with more suitable wardrobes and/or lockers where required.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	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	30/04/2025
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the	Not Compliant	Orange	30/04/2025

	end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
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