



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:	23 March 2023
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0039352

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, the 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:	45
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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 23 March 2023	09:20hrs to 18:00hrs	Lorraine Wall	Lead
Thursday 23 March 2023	09:20hrs to 18:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

The inspectors spoke with 14% of residents over the course of the inspection. The majority of residents spoken with were positive about their experience of living in Sonas Nursing Home Knock, and inspectors heard positive comments such as 'the staff are very nice', however a number of residents also expressed that the staff were 'very busy' and they told the inspectors that they would like more activities to do on a daily basis.

This was an unannounced inspection which was carried out over one day. Upon arrival to centre the inspectors were welcomed by the clinical nurse manager (CNM), and were joined later by the person in charge (PIC). As inspectors walked around the centre they had an opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions.

Sonas Nursing Home Knock is a two-storey purpose-built premises, built around a large internal courtyard. The designated centre can accommodate a maximum of 57 residents. The centre provides respite and long term care for both male and female adults with a range of dependencies and needs. There were 45 residents living in the centre on the day of inspection. Residents' accommodation was arranged on both floors in spacious single and twin bedrooms with en-suite facilities. There is lift and stair access between floors.

Handrails were in place along both sides of all corridors and in communal and en-suite bathrooms, to enable residents to mobilise safely throughout the centre.

The inspectors observed that some resident bedrooms were personalised with items of personal significance such as photos, ornaments and soft furnishings. Residents had access to television and radio in their bedrooms. Residents had access to call bells in their bedrooms and a six residents wore pendant alarms which they used to alert staff when they needed assistance. Nurses and care assistants carried paging devices which alerted immediately when resident call bells were activated. Pendant numbers were displayed on a screen when a pendant alarm was activated, however the inspectors observed that some staff were unable locate the resident room number for the corresponding pendant alarm promptly. The inspectors observed that despite the call alarm systems in place, a number of residents were required to wait for long periods to obtain assistance from staff.

As the inspectors walked around the centre, they observed that many residents were resting in their bedrooms whilst others were relaxing in the communal rooms. The inspectors observed that there was a limited staff presence on both floors on the morning of the inspection. The inspectors spent time in two communal sitting rooms on the first floor. These communal sitting rooms were used by residents with impaired mobility and high dependency needs. The inspectors found that the residents sitting in these rooms were left unsupervised by a member staff. The inspectors observed that although there was a call bell in the sitting rooms, it was

not within residents' reach. This was confirmed by a resident who told the inspectors that they were physically unable to use the call bell. The resident informed the inspectors that they have to wait for a member of staff to pass by if they need help because 'everything is about time'. Other comments heard were "if I need to go to the bathroom they will bring me, but there's nobody to call". The resident's feedback was validated when the inspectors were required to locate a member of staff to support a resident who had requested staff assistance twice and who expressed concern because they had been waiting a significant period of time for a staff member to arrive.

The inspectors observed that the programme of resident activities was displayed in the communal areas of the centre. Activities scheduled weekly included art, music, bingo and pet therapy. On the day of the inspection, the inspectors found that although there were two staff rostered to facilitate activities, opportunities for social engagement were limited for some residents. The inspectors observed that residents on the ground floor were engaging in activities throughout the day. However, the inspectors observed groups of residents in another two sitting rooms who were not engaged in any meaningful activities on the day of the inspection. Inspectors also spoke to a number of residents in another sitting room on the first floor who did not have an opportunity to participate in any activities on the morning of the inspection. One resident commented that 'there is nothing to do'. Inspectors observed that there was heavy reliance on watching television in this sitting room and there was no staff present to support or to engage with residents in this room. Residents also told inspectors that they would like more outings from the centre.

Residents had access to a large enclosed courtyard and garden area, which was decorated with flowers and shrubs. The area had sufficient seating for residents' comfort; however, inspectors did not observe residents using the garden on the day of the inspection.

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

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to review compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 as amended and to follow up on actions the provider had taken since the last inspection. The previous inspection in the centre had taken place in July 2022 and focused specifically on Regulation 27: Infection prevention and control. On this inspection, inspectors found that action was required to bring the centre into compliance with Regulation 27.

Sonas Nursing Home Management Co. Limited is the registered provider for this designated centre. The management structure consists of the provider and the person in charge who was supported in their role by a clinical nurse manager. A team of nursing staff provided clinical support along with health care assistants, household, catering and maintenance staff. On the day of the inspection, there was a vacancy for a second clinical nurse manager and a physiotherapist.

The findings of this inspection did not provide satisfactory assurances that there was sufficient management and oversight of the quality and safety of this service by the provider and that adequate resources were put in place by the provider to meet residents' needs.

The provider had not ensured that the premises were being used in accordance with the centre's statement of purpose. An urgent action plan was issued to the provider in relation to Regulation 17 - Premises, Regulation 23- Governance and Management and Regulation 27 - Infection prevention and control. Following the inspection, the provider submitted a time bound action plan to address these issues.

Inspectors observed environmental restraints within the centre which the provider had not notified to the Chief Inspector as per the requirements of Regulation 31: Notification of incidents.

Systems to monitor and review risk were in place in the centre and monthly governance meetings were being held where risks were reviewed and discussed. However, these monitoring systems required review as a number of risks identified on the day of the inspection had not been identified by management. Furthermore, a risk which had been identified in relation to the lack of clinical hand wash basins in the centre had been removed from the risk register in August 2022 even though the inspectors observed that this remained a live risk as the centre still had an insufficient number of clinical hand wash basins on the day of the inspection.

Of the the audits reviewed, some audits failed to identify an action plan to address any areas of non compliance identified. Additionally, although there was management oversight of wound care and records showed that the importance of completion of wound assessments had been discussed at a staff nurse meeting in January 2023, this inspection found that there were still deficits in the completion of wound assessments. This posed a risk that wound assessments did not guide care delivery.

The inspectors found that there was insufficient numbers of staff on duty on the day of the inspection. A number of residents were observed waiting for assistance from staff or repeatedly asking to be assisted to the bathroom. On a number of occasions throughout the day of the inspection, call bells were heard ringing for long periods and communal areas were unsupervised for large parts of the day. Inspectors were not assured that the provider had adequate contingency plans in place to cover absences, This is discussed further under Regulation 15.

Staff training records and inspectors observations showed that staff had appropriate access to mandatory training in fire safety and safeguarding. Staff spoken with during the inspection were able to describe the training they had done and on how

it had helped them in their day to day work. Although there was a clearly defined management structure in place, inspectors found that staff were not appropriately supervised on the day of the inspection, particularly in the areas of Infection prevention and control and call bell response times.

Regulation 15: Staffing

A review of the rosters and observations carried out during the inspection confirmed that there was an insufficient number of staff with appropriate skills to meet the needs of residents in the designated centre. This was evidenced by the following;

- Residents in communal rooms spent significant periods of time without staff being present in these rooms to respond to their needs.
- Inspectors observed call bells ringing for prolonged periods and residents waiting for prolonged periods for assistance, throughout the day of the inspection. Feedback from residents on the day indicated that residents waited long periods for their call bells to be answered.. This concern had been raised during a residents meeting in March 2023. Furthermore, inspectors reviewed call bell audits which confirmed that residents were waiting for assistance for up to 8 minutes following ringing their call bells.
- The centre had two members of staff on duty to provide social care activities for 45 residents. However one of these members of staff was not clear about their role and responsibilities in relation to providing activities for residents and became involved in other aspects of care provision. As a result a number of residents did not have access to meaningful activities in line with their preferences and ability to participate. This was not addressed by supervisory staff on the day of the inspection..
- The number of nursing staff available in the centre was not sufficient to cover unplanned absences. A review of rosters showed a nursing absence for a night shift the night after the inspection and this absence had not yet been filled. While the person in charge was confident that this shift would be covered, with the redeployment of staff from another designated centre there were insufficient numbers of nursing staff available on the centre's own nursing team to cover this type of short notice absence. This created a risk that nursing staff deployed to cover the absence would not be familiar with the residents and their needs. .
- Furthermore the clinical nurse manager was rostered as a staff nurse for the two weeks following the inspection to cover a nurse's annual leave. This would further reduce the amount of senior staff that were available to support and supervise staff in their day to day work and ensure that care and services were delivered to the required standards.

Judgment: Not compliant

Regulation 16: Training and staff development

While the person in charge had ensured that staff had access to appropriate training, some staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning of a number of resident bedrooms and en-suites, particularly those of which were vacant, a communal bathroom and poor management of clinical waste. Some resident bedrooms and en-suite bathrooms which were visibly unclean, had been signed off as cleaned. This had not been identified by the management team.
- Resident's activities records were poorly maintained and although there appeared to be sufficient staff allocated to the provision of activities the deployment of staff did not ensure that residents social care needs could be met.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was available for review on the day of inspection and included the required information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 required improvements in the following areas:

- The governance and management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not effective as evidenced by the findings of this report in relation to staff supervision, infection prevention and control practices and staffing resources. The provider had not ensured that there was sufficient resources in place to ensure the effective delivery of care. This was evidenced by the findings under Regulation 15.

- A review of call bell audits confirmed that residents were often waiting for prolonged periods of time for the assistance of staff. However, the audit lacked an action plan to address these deficits.
- A review of residents assessments and care planning documentation found that actions were necessary to ensure residents clinical needs were appropriately assessed and that comprehensive care plans were developed consistently, to guide care delivery.
- A number of risks identified on the day of the inspection had not been identified on the centre's risk register, including infection prevention and control concerns.
- There were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. An urgent action was issued to the provider requiring an immediate review of the management systems in place to ensure sufficient oversight of the physical environment and infection control practices.

Judgment: Not compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the following:

- the use of environmental restraint, such as external doors with key code locks that restricted residents' movement in the centre.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that the interactions between residents and staff were kind and respectful throughout the inspection. The majority of residents were satisfied with the quality of care they received and staff spoken to were knowledgeable of residents needs. Nonetheless, inspectors found that non-compliance in relation to infection control impacted on residents' safety and well-being. Further action was also required to ensure compliance with premises, residents rights ,assessment and care planning, health care and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspectors found that the provider had not ensured that the environment was

managed in a way that minimised the risk of transmitting a health care-associated infection. An urgent action was issued to the provider due to the condition of a communal toilet which was unclean and had the potential to cause harm to the residents due to the risk of cross contamination. Infection prevention and control practices in the centre required review to ensure that they were in line with the national standards. This is discussed further under Regulation 27.

The general practitioner (GP) attended the centre weekly or more often if residents required review. Residents also had timely access to allied health services and specialist input from the psychiatry of old age, a geriatrician and the palliative care team as and when required. Residents had regular access to tissue viability nurse specialist, however action was required to ensure that resident wound care was managed in line with evidence based wound care procedures. This is discussed under Regulation 6, Healthcare.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that while the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example; the inspectors found that one care plan did not set out all of the interventions required to effectively guide and direct the care of a resident known to be a carrier of a multi-drug resistant organism (MDRO) and there was a risk that their care needs would not be met. Further action was also required to ensure that care plans relating to the management of wound care adequately described the care interventions to be completed, in order to direct staff. This is detailed further under Regulation 5, Assessment and Care Planning.

A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Although, these residents were well supported, their assessment and care planning documentation required improvement to ensure the levels of care and support required were effectively communicated among the staff team.

There was a restraint policy in place. However, restrictive practices were not always managed in accordance with this policy and the national restraint policy guidelines. This is discussed under Regulation 7, Challenging Behaviour.

There was an activities programme in place however the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. This will be discussed further under Regulation 9: Resident's rights.

The provider had systems in place to ensure that residents were protected from the risk of abuse. The provider did not act as a pension agent for any residents.

Inspectors found that the registered provider had ensured visiting arrangements

were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection into the designated centre.

Regulation 11: Visits

Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The following areas of the premises did not ensure that they were appropriate to the number and needs of the residents:

- The inspectors found that 10 bedrooms which had been registered had for resident use were not accessible to residents as they had been re-purposed as storage rooms and staff rooms and accommodation. Furthermore, a bathing facility which had been provided for residents along one corridor was unavailable for resident use as this room was being used to store equipment. An urgent action plan was issued following the inspection and inspectors were assured that the rooms had been returned to resident use in line with the designated centre's conditions of registration.

The provider had not ensured that the premises was in compliance with Schedule 6 of the regulations. This was evidenced by

- A toilet cistern in the ensuite of a vacant resident bedroom was cracked and in need of replacement.
- A phone socket unit in a residents bedroom was damaged with wires exposed.
- Drip collection trays under equipment drying racks in both sluice rooms were rusted and this did not support effective cleaning.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the

standards for the prevention and control of health care associated infections published by the Authority were implemented by staff. For example the oversight and management of environmental cleaning ,and the processes for cleaning and storing residents' equipment needed to be improved. This was evidenced by:

- An urgent action was issued to the centre due to the condition of a communal toilet which was unclean and had the potential to cause harm to the residents due to the risk of cross contamination.
- In the absence of adequate storage space, a resident communal bathroom and number of vacant bedrooms were being used to store large quantities of mixed medical and household supplies, resident property and furniture. Furniture, equipment and boxes were seen stored on floors in vacant bedrooms, this meant these surfaces could not be adequately cleaned. There was no system for segregation of items stored in vacant rooms, residents equipment was stored with clean and clinical supplies which increased risk of cross contamination.
- Contenance waste was inappropriately disposed of in laundry bag, increasing the risk of cross contamination.
- A number of toilets and sinks outlets were visibly unclean.
- A number of floor surfaces and furniture such as armchairs and table, were visibly unclean.
- The hand wash sinks in the sluice rooms, laundry and cleaning room did not comply with current recommended specifications.
- Inspectors observed that personal protective equipment such as face masks was not always disposed of correctly after use, this posed a risk of cross infection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents assessments and care planning documentation and found that actions were necessary to ensure residents needs were appropriately assessed and that care plans were developed and implemented to address any needs identified. This was evidenced by the following findings;

- Some residents' care plans were not formally reviewed in line with regulatory requirements. The content of some care plans was not updated to ensure care plans that were no longer relevant were discontinued and an up-to-date care plan was available. For example, a new recommendation made by a tissue viability nurse that a specific dressing regime be implemented for a resident with chronic wounds was not updated in the residents care plan. This did not ensure that appropriate wound management interventions would be carried out by nursing staff.
- Two care plans developed to direct staff on the care interventions they must complete for residents with a pressure related wounds did not detail the

frequency of repositioned required, in order to prevent further deterioration of the wound.

- There were gaps found in some repositioning records available and this did not assure inspectors that the residents were repositioned in accordance with their plan of care.
- Pain assessments were not being recorded at appropriate intervals. This did not ensure that residents' needs were being adequately met.
- Some behavioural support care plans did not identify potential behavioural triggers or detail techniques to de-escalate the behaviour to ensure that these behaviours were managed and responded to in the least restrictive manner.
- One resident who was colonised with an MDRO (multi-drug resistant organism) did not have a care plan in place that set out all of their care needs and interventions required.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not ensure that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs. This was evidenced by the following examples where;

- Upon reviewing wound care, the inspectors found that the inspectors found that wound assessment were not completed at each dressing change. Furthermore, when wound assessments were completed, there were sporadic, inconsistent clinical measurements documented in the wound assessment charts which made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that record keeping of incidents of responsive behaviours were not consistent and did not support effective monitoring of each resident's episodes of these behaviours. For example a chemical restraint was administered to one resident on five occasions, however there was not always a clear record of the resident's episodes of responsive behaviours and of any de-escalation or alternative measures trialled before the administration of chemical restraint. This information was required to both monitor the residents needs in relation to their responsive behaviours and secondly to review the use of restraints to ensure that any restraints

that were being used were used in the least restrictive manner and for the least period of time in line with national guidance.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. A review of staff records confirmed that staff working in this centre had a Garda vetting disclosure in place before starting their role in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors carried out observations throughout the day in resident bedrooms and communal rooms. These observations showed that on the day of the inspection there were some residents in these areas who were not engaged in meaningful activities and had limited access to social interaction with staff or with other residents. A record of the social activity that each resident attended was available. However, the records available did not give assurances that each resident had opportunities to engage in social activities in line with their interests and capabilities. For example;

- A sample of records showed that one resident not have opportunity to engage in a social activity from to 08 February 2023 to 23 March 2023. Another resident did not have opportunity to engage in social activities from 10 March to 13 March 2023.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0039352

Date of inspection: 23/03/2023

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: Our staffing levels are continuously reviewed when reviewing our weekly KPIs and resident dependency & profile. Following the inspection, the PIC and the Director of Quality & Governance conducted a further review of the staff allocations and work flows of the teams. The recreational therapist and social care practitioner roles and responsibilities were discussed and reviewed with the team and the daily allocations/routines now ensure that both floors receive sufficient input from both roles. The NIC supervises the staff to ensure the daily allocations are adhered to and there is sufficient supervision at all times in the communal areas. The PIC ensures there is effective governance of this area by ensuring that there is regular management presence on the floor.</p> <p>An additional HCA shift from 7am-5pm has been introduced. This shift has specific responsibilities including facilitating the new breakfast club and supervision of the communal areas. The PIC is required to submit each two-week roster to the Director of Quality & Governance for approval prior to issuing same.</p> <p>At the time of the inspection, the PIC was auditing the call bells on a weekly basis. The audits completed had identified a number of areas that required attention. The areas for improvement had been discussed with staff but a formal action plan had not been documented. This has now been addressed. Following the inspection, the PIC and home management team increased auditing the call bell response times to daily and addressed any concerns with the NIC and staff on the day and in real time. There has been significant improvement in this area and the PIC continues to monitor this weekly and a timebound action plan is in place. The daily handover document was also reviewed and it is now very clearly documented which residents use a call bell pendant. This is now also displayed in each Nurses Station.</p> <p>The nursing absence on the roster was due to a nurse ceasing their employment without giving the required amount of notice. The absence was covered internally. A replacement had been appointed and was due to start the week after the inspection. The</p>	

CNM was rostered for nursing shifts to cover annual leave due to the unexpected short notice resignation. The CNM returned to full time management hours when the new nurse commenced employment. The full complement of nursing and clinical management hours are in place as per SOP. The director of Quality & Governance and the Director of HR monitor staffing levels across the group in order to ensure contingency and deployment is always available from another Sonas home. Deployment ensures that the staff member is already familiar with the Sonas policies, procedures and software systems. Sonas nursing homes also have contracts with three agencies in the event that further staffing is required due to any emergencies, unplanned absences or infectious outbreaks. Sonas Knock also has the support of three nearby Sonas homes and their PICs and home management teams.

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>The Director of Operations has supported the PIC with a comprehensive review of the housekeeping practices. The Director of Operations has commenced implementation of the companies cleaning project in the centre. This project involves a full review of the cleaning SOPs, schedules and practices and focuses on education and training of the staff to ensure the SOPs are understood and adhered to.</p> <p>The PIC, APIC, CNM and Office Manager will also be trained in this project to ensure that there is effective governance & management resources applied to oversee the practices on a day to day basis. The Director of Operations will continue to support with this area on an ongoing basis.</p> <p>A full review of the activities schedule and allocation of resources has been completed by the PIC and the Director of Quality & Governance. This has also been conducted with the residents involvement and their feedback has been incorporated in to the development of the current activities schedule. Adherence to the schedule and allocations is reviewed weekly by the PIC and reported to the Director of Quality & Governance through a weekly report.</p>	
Regulation 23: Governance and management	Not Compliant

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

management:

The staff compliment as per SOP and resident dependency is now in place. The Director of Quality & Governance has supported the PIC with a review of the call bell audit and analysis and a time appropriate action plan is now in place for all audits. Significant improvements in call bell response time have been achieved.

A full review of all residents assessments and care plans was conducted across the Sonas group in April. All assessments and care plans in Sonas Knock are now up-to-date and accurately reflect the residents needs and agreed plans of care re. same.

Sonas nursing homes have a "risk register database" and a "live risk register". The risks identified by the inspectors on the day of the inspection had been risk assessed and were saved in the risk register database. The importance of implementing and maintaining the control measures were further discussed with staff following the inspection. Chemicals are stored appropriately as per manufacturer/supplier guidelines.

The urgent action plan was submitted to the Chief Inspector has been completed

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Chief Inspector has now been notified and will continue to be notified of any environmental restraint.

Regulation 17: Premises

Not Compliant

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

The toilet cistern in the vacant room has been repaired.

The phone socket in the vacant room has been repaired.

The drip tray in the sluice room has been replaced.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The urgent compliance plan has been completed.

All rooms have been returned to their correct purpose as per SOP.

All staff have been reminded about correct continence waste disposal.

Cleaning chemicals are stored in a locked room.

The entire centre has had a deep clean.

The appropriate clinical handwashing sinks had been ordered and same have been delivered. They will be fitted by 30/06/23.

Staff have been reminded and re-educated about correct PPE doffing procedures.

The Director of Operations and the Director of Quality & Governance monitor this compliance on all visits to the centre. The PIC and the home management team monitor compliance on their daily walkarounds (minimum three per day).

The "cleaning project" delivered by the Director of Operations is underway.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A full review of all residents assessments and care plans was conducted across the Sonas group in April. All assessments and care plans in Sonas Knock are now up-to-date and accurately reflect the residents needs and agreed plans of care re. same.

A key nurse has been assigned to each resident and they have the responsibility of ensuring that the assessment and care plan is updated according to the resident's needs and or recommendations from the MDT. The PIC monitors all assessments and care plans review dates and ensures that the key nurse completes same when due. The PIC checks the repositioning charts and pain assessments and reports on these KPIs through a weekly report submitted to the Director of Quality & Governance. The Director of Quality & Governance also monitors these through remote access to the nursing records software.

MDRO care plans are in place where required and staff have been educated about the importance of same.

All staff have completed the responsive behaviour training module which specifically explains how to complete an ABC chart and the rationale for same.

Further training in assessment & care planning has been arranged with an external education provider for nursing staff and all nursing staff will have completed this by 30/06/2023. Mentorship in assessment and care planning is also provided to nurses through the groups ongoing CPD project.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Following the inspection, the PIC met with all nurses to provide refresher training on wound care and assessments. Each nurse is now aware of their responsibility to complete the wound assessment and update the care plan at each dressing change. The home management team monitor compliance and report on this weekly to the Director of Quality and Governance. The Director of Quality & Governance also monitors this through remote access to the nursing records software. A tissue viability nurse is available to the home and guides the appropriate interventions. All nurses have completed the wound care training module on the groups online training platform and attended an onsite "fundamentals of care" (this incorporates skin care and pressure ulcer prevention and management) training which was delivered by an external training provider.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

All Nursing staff have been assigned to refresh their training on the "responsive behaviour training module" on the groups online training platform.

The PIC has met with all Nursing staff and reeducated them to the procedure in place for the administration of chemical restraint. The PIC monitors this KPI weekly through reviews of medication records, narrative notes and care plans. The PIC reports on this KPI to the Director of Quality & Governance each week. The Director of Quality & Governance can also monitor this through remote access to the nursing records and EMARs software. The Schedule 5 policies "The use of restrictive practices" SNH 109/04 and "Management of behaviours that are challenging" SNH 109/03 have been re- issued and discussed with all nursing staff.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the inspection, the recreational therapist and social care practitioner roles and responsibilities were discussed and reviewed with the team and the daily allocations/routines now ensure that both floors and all residents receive sufficient input from both roles.</p> <p>A full review of the activities schedule and allocation of resources has been completed by the PIC and the Director of Quality & Governance. This has also been conducted with the residents involvement and their feedback has been incorporated in to the development of the current activities schedule. Adherence to the schedule and allocations is reviewed weekly by the PIC and reported to the Director of Quality & Governance through the weekly report.</p>	

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	Yellow	03/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	30/06/2023
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	Not Compliant	Orange	03/04/2023

	under Regulation 3.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Yellow	03/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	03/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence	Not Compliant	Yellow	27/04/2023

	of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
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	30/04/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	07/04/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other	Substantially Compliant	Yellow	17/05/2023

	persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/05/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	07/04/2023