



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 July 2023
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0040132

About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.

Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated.

Nursing care is provided to residents who require long term care, convalescent, respite or palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 July 2023	09:30hrs to 16:00hrs	Mary Veale	Lead
Wednesday 26 July 2023	09:30hrs to 15:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observation of the inspector, and discussions with residents, staff and visitors, Sonas Nursing Home, Carrick-on-Suir was a nice place to live. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival each day the inspector was met by a member of the centres administration team and signed the centres visitors' book. Following an opening meeting with the person in charge to discuss the format of the inspection, the person in charge accompanied the inspector on a walkabout of the premises on the first day. The director of quality and governance was available on the second day of the inspection.

Sonas Nursing Home is a single story designated centre registered to provide care for 55 residents on the outskirts of the town of Carrick-on-Suir, County Tipperary. There were 51 residents living in the centre and one resident was in hospital on the days of this inspection. At the time of inspection there were three vacancies and pre-admission assessments were scheduled by the person in charge for the week following the inspection.

The design and layout of the premises met the individual and communal needs of the residents'. Residents had access to communal space which included two large day rooms containing dining and sitting areas, a family room, a visitor's room, a quiet room, a partitioned corridor seated area, a multipurpose room and an oratory. The environment was homely, clean and decorated tastefully. Armchairs were available in all communal areas and corridor alcove areas. The centre had a production kitchen, laundry, staff area which included changing facilities and maintenance rooms were situated to the rear of the centre. There was an outdoor smoking shelter for residents who chose to smoke. There was an on-going schedule of works taking place to upgrade the premises. The inspector observed that parts of the centre had been painted since the previous inspection. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

The inspector observed that bedroom accommodation consisted of 49 single and three twin bedrooms, all with en-suite facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. The centre was divided into six compartment corridor areas which were called after local areas, for example; Comeragh, East Munster, Old bridge, Ormonde Castle, river Suir, and Silevenamon.

The inspector observed that bedrooms had ample storage space, flat screen

televisions and had lockable locker storage. Many of the residents' bedrooms had fresh jugs of water. Some bedrooms were personal to the resident's containing family photographs, paintings, and personal belongings. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. Assistive call bells were available in both the bedroom and en-suite bathrooms for residents' safety.

Residents had access to enclosed courtyard garden areas from the day rooms and corridors. The courtyards had level paving, comfortable seating, tables, and flower beds. The inspector was informed that residents were encouraged to use the garden spaces. On the days of the inspection all doors to the internal courtyards were open and courtyards were easily assessable for residents.

The inspector spoke with a total of 13 residents in detail, over the course of the two days and the feedback was positive. Residents who spoke with inspector said that staff were good to them and treated them very well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspector also spent time in communal areas observing residents and staff interaction and found that staff were kind and caring towards residents at all times.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre over the days of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits and the residents who spoke to the inspector confirmed that their relatives and friends could visit anytime. Residents were observed walking on the grounds with their visitors on the first day of the inspection.

The inspector observed a calm and content atmosphere in the centre throughout the two days. It was evident that residents' choices were respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Throughout the days of the inspection, the inspector observed residents attending activities and spending their days moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents. The centre had one dedicated activity staff member and two social care practitioners who organised and provided a programme of activities with residents. There was a varied activity schedule which included, bingo, singing, exercises, and live music sessions. Residents regularly attended meetings in the centre and said that staff and management were available to them at all times.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred

interventions throughout the days of inspection. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents' very complimentary of the person in charge, staff and services they received. Residents' said they felt safe and trusted staff.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in both dining rooms. There was a choice of two options available for the main meal on both days. The inspector observed the first sitting of the dining experience for residents in the Clancy room on the first day of inspection. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed home made soup and snacks been offered to residents outside of meal times.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards throughout the centre. Some residents told the inspector that could leave the centre to go into the local town with their families if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, singing and engaging in conversation. Residents, were observed to enjoy friendships with peers throughout the days. On the first day of inspection, residents were observed attending live streamed mass, an exercise class and a sing along session. On the second day residents' were observed attending bingo and watching the tour de France. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

The centre provided a laundry service for residents. All residents' and visitors whom the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in January 2023, and improvements were found in Regulation 5: individual assessment and care plan, and Regulation 21: records. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 17: premises, Regulation 23: governance and management, Regulation 24: contracts of provision,

Regulation 28: fire precaution and Regulation 29: medicines and pharmaceutical services.

The registered provider had applied to renew the registration for Sonas Nursing Home, Carrick-on-Suir. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration. The provider had applied to renew the registration of the centre for 56 beds, the application was amended to renew the registration of the centre for 55 beds in line with the centres communal space.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and healthcare assistants, social care practitioners, an activities co-ordinator, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. At the time of inspection the person in charge was supported by a director of quality and governance, and by shared group departments, for example, human resources. There were a number of vacant manager posts at the time of inspection, this is discussed further in this report under Regulation 23: governance and management.

The inspector reviewed the staffing rosters and, while there was an assistant person in charge and senior staff nurse posts vacancies at the time of the inspection, the provider had a staffing and recruitment plan in place to ensure that staffing levels remained stable and residents care needs were met. Staffing levels were sufficient on both days of the inspection and the allocation and supervision of staff ensured that residents received an appropriate level of social care, including support with activities. The centre had a well-established staff team since opening in 2020. Staff spoken with were knowledgeable of residents individual needs and were seen to be responsive to request for assistance by residents. Staff were supported and facilitated to attend training and there was a high level of attendance at training in areas to support staff to fulfill their roles.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, restrictive practice, infection prevention and control, and medication management. Audits were objective and identified improvements. There was evident of trending of audit results for example; monthly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The provider had recently introduced an additional 6am to 2pm shift, and the inspector was informed that the centre was planning to recruit a physiotherapy technician following findings from trending of residents incidents of falls. The centre had an extensive suite of meetings such as governance management meetings, local management meetings and staff meetings. Meetings took place monthly and quarterly in the centre. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly governance meeting took place with agenda items such as fire safety, infection prevention and

control, contingency planning, family communication and KPI's (key performance indicators). There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022 with an associated quality improvement plan for 2023.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. The person in charge and clinical nurse manager provided support and supervision for staff.

Improvements were found in the the monitoring and oversight of safety procedures following a residents fall in the centre since the previous inspection. Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

All paper based and electronic records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. The inspector reviewed the records of complaints raised by residents and relatives. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available at the reception area. Residents spoken with were aware of how and who to make a complaint to.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by:

- the governance structure outlined in the statement of purpose was not implemented in practice. For example, there was a commitment to a 0.25 WTE quality manager post. This post was vacant at the time of inspection.
- Additionally, the post of assistant person in charge and a senior staff nurse post were vacant.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contract for provision of services required review to ensure it contained clear details of the room the resident occupied.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection.

The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Quality and safety

Overall, residents and visitors expressed satisfaction with the care provided and the quality of life in Sonas Nursing Home, Carrick-on-Suir. Improvements had been noted in the area of individual assessment and care planning, since the last inspection. Improvements were required in areas of Regulation 17: premises, Regulation 28: fire precautions, and Regulation 29: medicines and pharmaceutical services.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported

and encouraged to access these.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

Apart from improvements required to storage in some of the en-suite facilities in the centre, the premises was meeting the requirement of the regulations and appropriate to the needs of residents. The centre was bright, clean and general tidy. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors. There were an ongoing plan of preventative maintenance works included painting, and redecorating areas. Storage areas were observed to be clean, tidy and organised. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Grab rails were available in all corridor areas, toilets and en-suite bathrooms. Overall the premises supported the privacy and comfort of residents.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. There was a high uptake of COVID-19 vaccination among residents and staff and procedures were in place to facilitate testing and isolation of residents should the need arise. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included COVID 19 were evident and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections.

Oversight of fire safety required review. The centre had automated door closures to all compartment doors, and bedroom door. All fire doors were checked on the days of inspection and all were in working order. All staff had completed fire training in the centre. There was evidence of an on-going schedule for fire safety training. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. All fire safety equipment service records were up to date. There was evidence that fire drills took place monthly in the centre. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place. The PEEP's

identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the days of the inspection there were two residents who smoked. A mobile call bell, fire aprons, fire blanket, fire extinguisher and fire retardant ash tray were in place in the centre's smoking area. However; improvements in fire safety were required , this is discussed further in the report under Regulation 28: fire precautions.

The inspector observed that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls. There was evidence that the care plans were reviewed by staff 3 monthly in the centre. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. However, improvements were required in the transcribing of medications which is discussed further in the report under Regulation 29: medicines and pharmaceutical services.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected and promoted. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the reception area and activities planners were displayed in all day rooms. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place each week in the centre and was live streamed from local parishes. Musicians attended the centre regularly.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential

centres.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A number of residents ensuite bathrooms did not have suitable storage for personal items. This was a repeated finding and was found on previous inspections in January 2023 and July 2022.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and there was an on-going COVID-19 vaccination programme for residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- The residents personal emergency evacuation plans (PEEP's) required review as a number had not been updated to include supervision required for residents at the assembly point area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre's medication management policy outlines that transcribing of medicines must be completed by two nurse independently. The inspector found evidence that this policy was not followed, and that nurses were operating outside of best-practice guidelines:

- the transcribed Kardex were not always checked by a second nurse.
- the transcribed Kardex were not always signed by the GP.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs and there was documented evidence that the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health

professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities.

Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre through regular residents meetings, satisfaction surveys, and from speaking with residents on the days of inspection.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Carrick-on-Suir OSV-0007883

Inspection ID: MON-0040132

Date of inspection: 26/07/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with Regulation 23: governance and management.</p> <p>The Quality Manager post is advertised.</p> <p>The SSN staff nurse position is also advertised internally.</p> <p>The APIC post will be filled by 2 CNM positions; 1 is already filled and the other is advertised.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All of the contracts of care now contain the details of the room resided by the resident.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In consultation with the residents, additional storage has been ordered and will be put in place in the residents' ensuite bathrooms.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All PEEPs have now been updated to include supervision required at assembly points.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Following the inspection the Sonas group reviewed their medication management policy and issued an updated policy on the 06/09/2023. All nurses are required to read and sign for this policy on our online training platform.

The Clinical Management Team will monitor adherence to this policy.

The Medication Management Audits will also monitor compliance.

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
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	31/12/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	07/09/2023

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	07/09/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/09/2023