



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:	13 July 2022
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0037445

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:	40
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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
Wednesday 13 July 2022	08:50hrs to 17:35hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

The inspector spoke with 4 residents, in order to establish their experiences of living in Sonas Knock Nursing Home. All of the residents who were spoken with, were complimentary of the staff and the nursing home. One resident described how the staff were kind, and they were happy living here. Another resident told the inspector that they were also happy and that staff were helpful and food was good. The inspector observed considerate and helpful resident and staff interactions throughout the day. Staff were observed to communicate with residents in a kind manner that took account of resident communication abilities. Mobility equipment seen such as hoists, wheelchairs, commodes and walking aids appeared clean and in good condition.

Following an opening meeting, the person in charge and director of nursing accompanied the inspector on a tour of the premises. The inspector saw that many of the residents were up and about, and appeared content. The inspector observed residents moving around the centre, seated in various communal areas and in their bedrooms.

Sonas Knock Nursing Home is currently registered for 57 residents. On the day of this inspection there were 40 residents living in the centre, with 17 vacancies. It is a two storey building which has 54 bedrooms. There are 51 single rooms and 3 double rooms, all of which are ensuite. There are large communal areas, ancillary rooms and offices.

Residents had easy access to a large enclosed garden area. The garden was wheelchair-friendly with wide paths throughout. There was garden furniture for residents to sit and enjoy the flower beds and weather.

On the day of inspection the centre had a relaxed and informal atmosphere. The provider had provided suitable decor that incorporated memorabilia throughout the centre, such as antique style furniture, fire places and ornaments. The areas of the nursing home viewed by the inspector were clean and bedrooms viewed were warm and comfortable. The bedrooms all contained wardrobe and drawer space for residents to store their clothes and personal possessions. The inspector observed that many residents had personalised their bedroom space with pictures, art and photographs to reflect their life and interests.

The laundry did not support the separation of the clean and dirty phases of the laundering process. There was no named staff member allocated to the laundry on the day of inspection and the inspector observed staff moving between the laundry and providing care to residents, which posed a risk of cross contamination, and was not in alignment with the Statement of Purpose. The laundry contained two domestic washing machines. It is preferable that washing machines should be of an industrial standard (with accurate disinfection temperatures for washing soiled laundry items). Also, there was inappropriate storage of clean linen in the laundry.

Though these items were stored in a cupboard they may become contaminated in this area, due to the close proximity of dirty laundry.

There were hand wash sinks available in the centre but they were not accessible to bedrooms. None of the available hand wash sinks were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitaryware and pre-plumbed assemblies in healthcare buildings. There were wall mounted alcohol gel and soap dispensers to assist in hand hygiene requirements.

There was a purpose built hair dressing and barber salon which was clean. However, hairdressing equipment such as brushes and rollers were not all clean and there was no sterilising unit in place for hair brushes and equipment.

Visitor arrivals were a combination of booked and non-booked arrivals which is in compliance with current guidance. On arrival to the centre all visitors completed an infection control process with appropriate COVID-19 screening and mask wearing. The inspector observed visits taking place during the inspection. Residents care plans viewed by the inspector had individual visiting care plans and named nominated visitors, which was in alignment with national Health Surveillance Protection Centre (HSPC) guidance. The inspector viewed records of numerous emails and communication to residents and their families informing them about COVID-19, visiting and outbreak updates. The inspector was informed by a relative that communication from the nursing home was open and frequent.

The general environment and residents' bedrooms, communal areas, store rooms, laundry and 'dirty' utility (sluice) room and resident equipment appeared visibly clean with some exceptions. For example 4 out of 5 cloth pillows were stained and nebuliser filters were in need of changing.

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

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall, the inspector found that the provider had many of the measures and resources in place to manage infection prevention and control in the centre in line with national guidance. However, weaknesses were identified in infection prevention and control governance, oversight and monitoring systems. Barriers to effective

hand hygiene practice were identified during the course of this inspection. The supervision and oversight of cleaning practices also required improvement.

The provider of the centre was Sonas Nursing Home Management Co. Limited. The person in charge in the centre was supported in the management of the centre by a director of nursing and a quality and governance coordinator. Overall accountability for infection prevention and control within the centre rested with the person in charge who was also the designated COVID-19 lead, with support from the director of nursing.

A review of documentation indicated that infection prevention and control was discussed at governance, staff and resident meetings. Nonetheless, there were lost opportunities to improve the quality and safety of care for residents, by means of implementing improvement post auditing and staff meetings. For example; it was noted in a governance meeting dated 21.04.2022 that there were inappropriate storage in the laundry and sluice and a broken door on a washing machine was discussed. These issues were still evident on the day of inspection.

The centre outbreak management plan was easy to read and had clear arrangements to be instigated in the event of a further outbreak of COVID-19 infection. An outbreak of COVID-19 was declared in Sonas Nursing Home in June 2022, and was to be deemed over on the 16 July, 2022 if no further positive cases. The Provider had provided extra nursing staff during the outbreak and was currently recruiting various roles within the nursing home to enhance their staffing complement.

A formal review of the management of a previous outbreak of COVID-19 to include lessons learned had been completed as recommended in national guidelines.

An infection control audit had been undertaken. However, this audit had failed to identify some of the issues identified on the day of the inspection. For example; staff using resident sinks to wash their hands and inappropriate storage within the sluice and laundry. Additionally, staff were observed working between laundry and care duties within the same shift. This may increase the risk of cross infection between soiled laundry and staff uniforms. The Statement of Purpose specified there was 1.5 whole time equivalents (WTE) multi-task attendants in place to work between the kitchen and laundry and that every effort would be made to ensure staff do not work across departments in one shift. However, the staffing rota did not have anyone allocated to the laundry on the day of inspection and the inspector was told due to staff absences and recruitment processes care staff were working between both care duties and laundry.

There was an active maintenance and refurbishment program in place and it was seen on the day of inspection where items were being well maintained, cleaned, upgraded and good water controls to prevent water borne illnesses.

All HSE/HPSC Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access

to the HSE infection prevention and control specialist team for outbreak support, but did not have access for other infection prevention and control advice and education.

All Staff had received education and training in infection prevention and control. Records reviewed showed all of the training was online rather than a blend of face to face and online.

The statement of purpose outlined the staffing numbers employed. In addition to the registered general nurse (RGN) numbers the person in charge and/or their deputy, were in place to supervise and monitor all aspects of care during day time hours. The Inspector spoke to several of the staff team and they did feel busy during their working hours. Staff were seen to engage with residents without rushing and were observed chatting and taking their time with residents. At the time of inspection there was two nurses on both the day and the night shift. The person in charge informed the inspector if an outbreak was declared the centre had availability of their own staff who could help out in the event of that an outbreak area was needed to be staffed separately to a non-outbreak area. They were currently recruiting additional nursing staff to enhance the nursing capacity.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans and infection control care plans were in place for all residents care plans viewed. Despite the positive findings, further review and development to become fully compliant with regulation 27 Infection Control was required.

Staff spoken to, were aware of residents who were prescribed antibiotics, and the provider was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. There were plenty of supplies of PPE's and the inspector observed masks and gloves were in the main being used appropriately. However, the inspector did observe some staff wearing gloves inappropriately, which could lead to cross contamination for residents.

There were insufficient numbers of housekeeping staff to meet the cleaning and housekeeping needs of the centre. There was one cleaner rostered on duty on the day of the inspection; the day before and the day afterwards. As the nursing home was coming towards the end of an outbreak enhanced cleaning and disinfection should still be in place. The rota shown to the inspector did show on some days there were two housekeeping staff but often there was only one. The statement of purpose stated 3 housekeeping staff were employed with 2.5 whole time equivalents. There was a lack of oversight and supervision of cleaning processes and

staff, as the disinfectant solution was not diluted correctly and the prescribed contact time to ensure effectiveness was not in place. Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire.

Nonetheless, the environment was clean, uncluttered and homely. The Housekeeping equipment was well maintained and clean. There were some processes in place directing staff in what, when and how to clean. However, more detail was required to the deep cleaning schedule to direct which days rooms were to be deep cleaned.

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Sinks in the resident's rooms were dual purpose used by residents and staff. This practice increases the risk of cross infection.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided.

There was Inappropriate storage of clean resident supplies in the laundry and sluice. This arrangement increases the risk of environmental contamination and cross infection.

Housekeeping staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was one cleaner rostered on duty on the day of the inspection. Improved oversight of cleaning and disinfectant practices was also required.

Laundry staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was no laundry worker rostered on duty on the day of the inspection.

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	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0037445

Date of inspection: 13/07/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following the inspection, a review of the working systems in our laundry was conducted and further segregation was introduced, staff are also now clearly allocated on the roster for laundry duties which they attend to at the end of their shift. The PIC, DON & NIC supervise this practice daily to ensure there is no cross over into the care department. Thus we can now ensure there is a dirty to clean work flow. Complete.</p> <p>We are in the process of recruiting an additional MTA who will be assigned to Housekeeping & Laundry as per our SOP however due to significant delays in the Garda Vetting process we are experiencing significant delays in getting staff started in their appointments. In the mean time we are ensuring that no crossover occurs. 30/09/2022.</p> <p>We have identified an alternative area for the storage of clean linen and are in the process of converting same into a new designated linen store. 31/08/2022.</p> <p>The facilities and procurement departments are currently reviewing costings for replacement of the domestic washing machines and handwashing sinks. This will be factored in to next years budget. In the interim we have risk assessed both of these. 31/01/2023. All facilities requirements are discussed bi-monthly at the support office QM ops meetings. We have re-reviewed all of our action plans from our audits and brought them forward again at this forum so that new timeframes and measurable actions could be agreed. Ongoing & Complete.</p> <p>A sterilizing unit for the hairdressing salon has been ordered. 31/08/2022.</p> <p>The PIC & DON have undertaken a review of all pillows and duvets and have replaced 4 as needed. This area will now be audited as part of our hospitality audit each quarter. Complete & ongoing.</p> <p>As part of our 2022 Sonas cleaning project, we are committed to engaging with our housekeeping staff re. ongoing education & training. We have scheduled further in-house training for our recently appointed housekeeping staff. We have met with all of the cleaning staff to ensure that there is a clear understanding re. deep cleans and our cleaning equipment supplier has provided face-to-face instruction re. same. 31/08/2022.</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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023