



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:	16 November 2021
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0033565

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:	30
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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
Tuesday 16 November 2021	10:00hrs to 18:30hrs	Catherine Sweeney	Lead
Tuesday 16 November 2021	10:00hrs to 18:30hrs	Martin McMahon	Support

What residents told us and what inspectors observed

Overall, inspectors observed that residents received a high standard of care and that they were satisfied with the service provided. The atmosphere in the centre was calm and relaxed. Residents were observed spending time in the communal areas of the centre as well as enjoying quiet time in their bedrooms. Residents bedrooms were seen to be personally decorated with family photos and personal items.

The centre was observed to be bright, appropriately decorated and in a good state of repair. The centre was visibly clean and free from clutter.

Residents enjoyed unrestricted access to a well maintained internal courtyard. The courtyard could be accessed from several doors around the centre. The courtyard brought natural light into both floors of the centre.

Residents were observed to be content and relaxed in the company of staff. Staff demonstrated a good knowledge of each resident, always addressing them by their preferred title and asking for consent prior to all care interventions. Residents informed the inspector they were happy to live in the centre, they had good quality food, with one resident stating 'how could you be unhappy here?' and said it was a 'lovely environment' with 'lovely staff'. Inspectors observed that staff treated residents with respect and kindness.

Meal time was observed to be an enjoyable, social event for the residents. Menus were available and residents were offered a varied choice. Residents reported that the food in the centre was of a high standard. Meals appeared appetising and nutritious. Residents told inspectors that they were offered choice at every meal and that the food was of good quality.

Inspectors reviewed the activity schedule on display in the centre and found that it was mostly limited to religious activities such as mass and the rosary. While there was some activities taking place in the centre on the day of the inspection, music and art, inspectors were not assured that the provider had a system in place that supported and met the daily social needs of all residents in the centre. A review of the residents feedback survey found that residents were regularly requesting improved opportunities for activity and social engagement. One resident told the inspectors that they were often bored. Inspectors observed small groups of residents sitting in a variety of communal areas throughout the day of the inspection. Some residents were observed to spend long periods of time without any social interaction.

The next two sections of the report will describe the findings of the inspection under the relevant regulations.

Capacity and capability

Overall, Inspectors found that residents in the centre were well cared for and that they enjoyed a satisfactory quality of life. Some improvement was required in staff management and overall governance and management to ensure care delivery was safe and effectively monitored.

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

Inspectors followed up on the action taken by the provider to address the non-compliance found during the last inspection of the centre in January 2021. The areas of review included staffing, staff training and development including fire safety, governance and management, and residents' rights. Inspectors found that improvement had been made in staff training however, continued non-compliance was found in staffing, governance and management and residents' rights.

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 regional manager and a quality and governance coordinator. An assistant director of nursing had recently been transferred to support another centre owned by the provider. This vacancy had not been filled. The person in charge informed the inspectors that they were in the centre three days per week and worked from home for two days per week. The person in charge was supported by a clinical nurse manager and two senior nurses. The deputising arrangements in place in the event of the absence of the person in charge for the centre were not robust and did not provide assurance that there would be adequate leadership in the centre if the person in charge was not available.

A review of the rosters found that there were inadequate levels of staff on duty, particularly on night duty, to meet the needs of the residents and for the size and layout of the centre. There was an inadequate number of health care assistants available to ensure staffing was safe and sustainable and did not reflect the number of care assistants committed to in the centre's statement of purpose. The provider gave assurance that there was an on-going programme of recruitment in place for the centre and that additional residents would not be admitted to the centre until adequate levels of staffing were in place.

Management systems required review to ensure that the service provided was safe, appropriate, and consistent. The provider had systems in place to ensure the service provided was safe and effectively monitored, however, the quality of the information recorded within these systems was poor and did not inform appropriate quality improvement plans. This was found across multiple systems including risk management, auditing, documentation of governance and staff meetings and management of residents feedback.

A review of the management of complaints was required to ensure that complaints and concerns were management in line with the centres own complaints policy and under the requirements of regulation 34.

Regulation 15: Staffing

This inspection found that staffing required review and improvement. The staffing systems in place were unsustainable and not in line with the centre's statement of purpose. There was an inadequate number of care assistants available to cover all the required care assistant rostered duties. The impact of this was that

- two people who had been employed as activity coordinators had been redeployed to health care assistant duties. Therefore, there was no member of staff available to facilitate the social care needs of the residents in a consistent and effective manner. Residents reported having less time with staff and feeling bored.
- nursing staff were regularly rostered to complete health care assistant duties. While the nurses are suitably qualified to deliver the care needs of the residents the staffing model is unsustainable as the nurses worked additional hours to their contracted hours.
- health care assistants were multi-tasking as kitchen assistants and laundry assistants, reducing the direct care time for residents and increasing the infection control risks in the centre.

Furthermore, the provider had failed to ensure that staffing was adequate to meet the needs of the residents at night. There was one nurse and two care assistants rostered on duty to care for 30 residents over two floors. A review of the falls audit completed in March 2021 identified that falls 'mostly happen between 8pm and 8am', however, no action was taken to review night time staffing as part of the falls management plan. In addition, a review of resident's complaints found that some residents were concerned by the length of time it took the staff to answer the call bells. The provider had not completed a call bell audit and was therefore not able to provide assurance that staffing levels at night time were adequate.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of the training records of staff found that all staff had completed mandatory training in infection prevention and control, manual handling and safeguarding. Fire training had been completed by all staff. This was a completed action from the previous inspection.

Judgment: Compliant

Regulation 23: Governance and management

The organisation structure of the centre was not in line with the structure outlined in the centre's statement of purpose. The deputising arrangements for the person in charge required review to ensure that the centre could be safely and consistently managed in the absence of the person in charge.

The governance and management systems in the centre required review. This was evidenced by

- audits did not contain any analysis of the findings of the audit, identify trends, or identify quality improvement interventions.
- hazards such as poor staffing levels not identified as a risk to residents in governance meetings
- inadequate management of risks in the centre
- poor complaints management
- failure to recognise safeguarding risks and notify potential safeguarding issues to the Office of the Chief Inspector
- failure to act to address residents issues identified at residents meetings and within residents feedback surveys

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints record found that some complaints were poorly documented and not processed in line with the centre's own complaints policy. Two complaints were not investigated, with no learning from the incident recorded. This meant that the issue remained unresolved. Two further complaints reviewed did not have the satisfaction of the complainant recorded.

Judgment: Not compliant

Quality and safety

Overall, inspectors found the residents living in the centre received a good standard of care. Inspectors observed residents being supported throughout the inspection and this support was considerate of the needs of residents. It was person-centred,

and it upheld the residents dignity and privacy. Staff were observed to be respectful toward the residents and this was observed by the inspectors through how staff communicated and interacted with the residents in the centre. Residents had access to medical care with the residents' general practitioners (GP) providing on-site reviews weekly or more frequently on an on-call basis if required. Residents were also provided with and able to access other health care professionals, for example, physiotherapy and podiatry.

The centre was observed to be clean, clutter-free with adequate storage and appropriate levels of personal and protective equipment was available. The inspector spoke with the cleaner on duty on the day of the inspection and they were knowledgeable about the cleaning process and schedule. The inspector reviewed the cleaning schedules and these were found to be well maintained and up-to-date. The centre had remained free from COVID-19 outbreak throughout the pandemic.

A review of the risk management systems found that improvements were required to ensure that identified risks were managed in line with the centre's own policy. While there was a risk management policy in place that was up-to-date, inspectors found that the paper-based risk register identifying environmental and clinical risks was out of date and that the live electronic risk register did not contain the identified risks in the centre.

The provider had systems in place to protect residents. All staff had completed training in safeguarding and all staff had a Garda Síochana (police) vetting certificate on file. However, inspectors reviewed a complaint and an incident, both of which detailed possible risk to the protection of the residents involved. These risks had not been identified by the nursing staff as possible safeguarding incidents and therefore no safeguarding action had been taken to protect the residents.

Staff who spoke with the inspectors were knowledgeable about the individual assessment and care plans for each resident in the centre. A review of a sample of residents nursing records found that individual assessments and care plans were completed for each resident and contained adequate detail to guide care.

Inspectors observed that staff were respectful of the privacy and dignity of residents and addressed residents by their preferred title. Residents informed the inspector that they were happy living in the centre. Resident meetings were frequent and well attended. Residents had access to independent advocacy and were facilitated to make independent choices in the centre.

On the day of inspection, there was limited access to an activities schedule. A review of the roster indicated that two staff were employed to support and facilitate the social care of the residents. However, due to gaps in the health care assistant numbers these staff members had been redeployed to the delivery of direct care and therefore reducing the hours available to support the social care needs of the residents. Staff spoken with stated that they tried to integrate social care into their caring role where possible. One of the residents told the inspector that although they liked to spend time on their own, if there were more activities going on during the day they would be more than happy to participate and to socialise more. A

review of a recent resident survey identified that one resident stated that they 'feel on their own, particularly at night.'

Inspectors concluded that a review of how social care was supported and facilitated in the centre was required to ensure that residents were able to participate in meaningful activities in line with their preferences and abilities.

Regulation 26: Risk management

The risk management system was complicated and difficult to review. The centre's risk management policy was not implemented and reviewed as required under regulation 26.

Judgment: Not compliant

Regulation 27: Infection control

On the day of inspection the centre was clean and clutter-free. There was a cleaning schedule and this was kept up to date.

Staff were observed to be following appropriate infection prevention and control guidelines in their work practices.

Overall, inspectors observed that there were good infection prevention and control practices and procedures in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were found to contain the detail required to guide care in a person-centred manner.

Judgment: Compliant

Regulation 6: Health care

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

Regulation 8: Protection

While all staff had received up-to-date safeguarding training, inspectors were concerned that nursing staff, when documenting two incidents, one incident and one complaint did not recognise the potential safeguarding issues within these incidents. This meant that the process for responding to incidents of alleged abuse was not followed, in line with the centre's own policy.

Furthermore, these incidents were not notified to the Chief Inspector as required under the regulations.

Judgment: Not compliant

Regulation 9: Residents' rights

The activity schedule in the centre was limited and did not address the social care needs of all the residents in the centre. From reviewing the rosters and the activity schedule it was not clear what structures the provider had in place to ensure that the social care needs of the residents were being met. Residents reported that they were not being offered the opportunity to participate in activities on a regular basis and in accordance with their needs and wishes.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0033565

Date of inspection: 16/11/2021

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: Activities staff are now being rostered for activities. From the 14th. December activities have been rostered 4 days per week (8 hours per day) and on the appointment of additional HCAs and in consultation with the residents this will be reviewed. 10 staff are rostered to take the residents to the Knock Basilica evening Christmas carol service. External musicians are also providing weekly entertainment. Complete and ongoing.</p> <p>Agency care staff have been booked and rostered as we continue to recruit for HCAs. There will be no further admissions until HCA recruitment is sufficient.</p> <p>Call bell audits are now completed weekly. Operational factors are now included in the falls analysis. Complete and ongoing.</p> <p>From the 13th. December specific laundry hours have been rostered. 13/12/2021. HCAs only bring the residents meal trays to and from their bedrooms if they have opted for room service. Complete</p>	
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>As part of the Annual review all audits are being reviewed and further analysed in order to identify any trends or opportunities for quality improvements. 31/01/2021.</p> <p>Going forward the Quality Manager will support the home management team with a more detailed analysis, triangulation and action plan from completed audits, residents</p>	

meetings and residents feedback surveys. Ongoing.

All risks and hazards have now been recorded on the live risk register. Triangulation from the PIC weekly report will ensure that all known hazards are also recorded so that all nurses can be aware of same. Complete.

The PIC is discussing concerns and complaints management at all team huddles and meetings and the Quality Manager will assist the PIC with the quarterly complaints analysis in order to ensure that they have been robustly addressed and resident satisfaction sought and confirmed. Further to this the annual satisfaction survey is in progress and this will elicit whether or not the residents feel that their complaints are being dealt with to their satisfaction. 31/01/2021.

All staff will participate in further safeguarding training and in the interim the PIC has met with all of the nursing staff in order to discuss incidents which may be potential safeguarding concerns. The Quality Manager will monitor the records in order to ensure that all incidents are categorised and dealt with appropriately. All safeguarding notifications will be notified to the Chief Inspector. 28/02/2021.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The PIC is discussing concerns and complaints management at all team huddles and meetings and the Quality Manager will assist the PIC with the quarterly complaints analysis in order to ensure that they have been robustly addressed and resident satisfaction sought and confirmed. Further to this the annual satisfaction survey is in progress and this will elicit whether or not the residents feel that their complaints are being dealt with to their satisfaction. 31/01/2021.

Going forward the Quality Manager will support the home management team with a more detailed analysis, triangulation and action plan from residents meetings and residents feedback surveys. Ongoing.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The home is currently transitioning from a paper-based risk management procedure to

an electronic format. The paper-based register has been reviewed and remains as a database of ongoing potential risks. Live hazards are now comprehensively recorded on the live risk register. All staff have been alerted to the risk management policy and it is now fully implemented. The PIC will ensure that all live hazards are recorded. Complete.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 We have reviewed and revised our schedule 5 policy on Safeguarding the Vulnerable Adult which includes a clear flow chart for staff to follow when a concern is raised. All incidents have been reviewed in order to determine whether or not there are any safeguarding concerns. Staff have been supported to understand what constitutes a safeguarding concern. All staff have completed refresher training in Safeguarding the Vulnerable person. The Person in Charge assesses staff's knowledge & understanding of safeguarding & their roles & responsibilities daily through discussion at daily huddles and micro audits. Risk assessments are completed with residents that may be displaying responsive behaviors & appropriate safeguarding care plans are initiated for any resident who is deemed to be at risk. Safeguarding & protection will be added to the agenda for the monthly residents' meetings. The PIC reports all incidents to the Quality Manager as they occur if urgent action is required or through a weekly report. The Quality Manger will support the PIC in ensuring effective triangulation. Safeguarding concerns will continue to be discussed at our monthly governance meetings. The Quality Manager and the PIC will monitor all complaints or resident feedback in order to ensure that any potential safeguarding issues are dealt with appropriately. We will continue to access the services of SAGE.
 Complete and ongoing.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Activities schedule has been updated and roster restored. A range of Christmas events and activities have taken place. Complete.

The annual review will seek the resident's satisfaction and ideas and suggestions for the social and recreational programme for 2022. 31/01/2021.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	14/12/2021
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	Orange	14/12/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Substantially Compliant	Yellow	04/01/2022

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	04/01/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	04/01/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	04/01/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints	Not Compliant	Orange	31/01/2021

	procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	31/01/2021
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	04/01/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	14/12/2021
Regulation 9(2)(b)	The registered provider shall	Not Compliant	Orange	14/12/2021

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
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