

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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Innis Ree
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyleague, Lanesborough, Roscommon
Type of inspection:	Unannounced
Date of inspection:	21 May 2025
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0047146

## About the designated centre

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

Sonas nursing home Innis Ree is a purpose built centre for older people that accommodates 58 residents. It is located in the village of Ballyleague approximately 14k from the town of Roscommon and Longford and overlooks the river Shannon. The centre provides care for male and female residents requiring long term, respite, convalescent and dementia care. The ethos of the centre as described in the Statement of Purpose is one of resident-centredness and the motto is "We work in your home". Residents' accommodation is provided on the ground floor and comprises five separate communal areas, each with dining facilities reflecting a household model. There are 54 single bedrooms and two twin bedrooms all with en-suite shower and toilet facilities. Bedrooms are spacious and have good storage space and each room has a kitchenette which has a fridge, worktop and cupboards, a kettle and a washing machine. The building makes good use of natural light and en-suites were suitably ventilated. There are ample corridors for residents to walk and the centre has landscaped gardens surrounding it and an enclosed courtyard garden.

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

Number of residents on the date of inspection:	54
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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
Wednesday 21 May 2025	08:45hrs to 16:00hrs	Marguerite Kelly	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day. The Inspector met with residents who were living in the centre and spoke with five residents and two visitors in more detail to gain insight into their experience of living and visiting Sonas Nursing Home Innis Ree.

Those spoken to were positive about their experience of living in Sonas Nursing Home Innis Ree, and were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff were terrific'. Similarly, visitors spoken to were complementary of the care that their family members received.

The inspector observed that many residents were up and dressed and participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance. The design and layout of the home promoted free movement and also relaxation spaces. The lived-in environment was clean and met residents' needs.

Residents spoken with reported they were happy with their bedrooms. There was sufficient private and communal space for residents to relax in. Residents had easy access to a secure internal courtyard, which was paved and had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax and garden in the fine weather.

There were many residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre.

Sonas Nursing Home Innis Ree is a purpose-built single-storey building that can accommodate a maximum of 58 residents. There were 54 residents living in the centre on the day of inspection, with 4 vacancies. Residents' accommodation is arranged in both single and twin bedrooms with their own ensuite toilet and shower. Bedrooms were spacious and equipped with a fridge and hot drink making facilities. Rooms seen by the inspector were personalised with photographs, ornaments and soft furnishings.

Some of the rooms had washing machines where residents could wash their own clothes if they wished. Otherwise personal clothing, linen and bedding was laundered by an external provider. Residents spoken to had no complaints surrounding the laundry processes.

The centre laundered the cleaning cloths and mops on site in a small laundry room. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There were however, two domestic style washing/drier machines within this laundry. Compliance with thermal

disinfection standards could not be assured using this type of washing machine washing cycle.

Residents had access to storage facilities for their personal possessions within their bedroom however, storage seen in double room ensuites were not adequate for two residents sharing. Also seen were toiletries in these room which were not marked with the residents name, which could lead to cross contamination.

The inspectors observed a number of communal rooms which were generally well maintained. These rooms were in use by residents throughout the day of the inspection. However, some of the fabric chairs and carpets in place around the centre were seen to be worn and stained.

The dining areas were clean and well designed to meet the needs of the residents. The provider also had a program of updating and replacing the kitchen areas in the dining rooms.

One resident spoken with said that there were plenty of activities to choose from and that in particular they liked going for out for the boat trips. An activity co-ordinator was on site to organise and encourage resident participation in events. An activities schedule was on display in the centre. Residents were seen to engage well with staff and each other during the activities observed by the inspector.

There were two sluice rooms for the reprocessing of bedpans, urinals and commode pans and both were clean, well-maintained and contained functioning bedpan washer/disinfectors and hand hygiene sinks. Both rooms contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, both rooms had commode pans stacked on top of each other instead of stored on the provided racks which posed a risk of cross contamination.

The housekeeping room supported effective infection prevention and control. Which included a janitorial unit with hand wash sink, space for storing and preparing trolleys and cleaning equipment. This room was well-ventilated, clean, with easy-to-clean surfaces. The cleaning carts were fitted with locked compartments for safe chemical storage. Residents and visitors spoken with were very happy with the standard of environmental hygiene.

The main kitchen was also clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff.

A schedule of maintenance works was ongoing, ensuring the centre was maintained.

Alcohol hand gel dispensers was in place along the corridors but were not available at the point of care in resident bedrooms.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, this was a well-managed centre with a commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met Regulation 17: Premises and Regulation 27 with improvements needed around standard precautions. For example, hand hygiene facilities, ensuite storage availability and easy cleanable surfaces.

The provider had submitted a compliance plan response to the Chief Inspector following the Nov 2024 inspection with time lines provided of when the provider expected to be in compliance with the regulations. The provider had completed all of these actions including an upgrade of the heating and energy management systems and improved supervision and practices surrounding the storage and cleaning processes of resident equipment.

The registered provider is Sonas Nursing Homes Management Company Limited. The provider is a national provider with a number of nursing homes in Ireland. The inspection was facilitated by the person in charge and the provider's regional manager for the area. The local team consists of assistant person in charge, clinical nurse manager, staff nurses, health care assistants, household, activities, catering, maintenance, a part time physiotherapist and administration staff.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meetings. The quality and safety of care was being monitored through a schedule of audits including infection prevention and control, care plan and falls audits. The inspector found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. Quality improvement plans were developed in line with the audit findings. An annual review of the quality and safety of care delivered to residents had been completed for 2024.

The centre had up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that all staff were up to date with infection prevention and control training in line with their role within the centre.

The assistant person in charge was the IPC link practitioner, which is a role designed to support and implement effective Infection Prevention and Control practices in their facility or service. They were supported in this role by the addition of dedicated hours for training, auditing and supervision.

The centre had managed a respiratory outbreak this year and had an outbreak learning report completed. Systems were in place to monitor the vaccination status of residents and staff and to encourage vaccination, to the greatest extent practical.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour-coded cloths and mops to reduce the chance of cross infection. Housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre. There were two housekeepers on duty seven days per week, which was in accordance with the centre's statement of purpose and the centre was seen to be clean.

The provider had implemented a number of Legionella controls in the centres water supply. For example, unused outlets and showers were run weekly. Documentation was available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

Surveillance of multi-drug resistant organism (MDRO) colonisation was also undertaken and recorded. Staff were aware that a small number of residents were colonised with MDROs. Residents that had been identified as being colonised with MDROs were appropriately cared for with standard infection control precautions and appropriate care plans were in place.

### Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty for the size and layout of the centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs. There was at least two registered nurses on duty at all times.

There were sufficient staff resources to maintain the cleanliness of the centre. There were two housekeeping staff on duty on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development



A review of training records indicated that all staff were up to date with infection prevention and control training.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control supervision and audit.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

## Quality and safety

Residents spoken with told the inspector that they received a good standard of care and support which ensured that they felt safe. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents. There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

There was a low reported incidence of wounds including pressure sores within the centre and urinary catheters (A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag). The inspector reviewed the management of wound care and catheters and found they were well managed and guided by adequate policies, practices and procedures. Staff described how residents received ongoing support from visiting GP's and allied healthcare professionals including physiotherapists, occupational therapists, dieticians and speech and language therapists (SALT). A full range of other services was available

on referral including chiropody, dental, optical services and psychiatry of later life services were also available and provided support to some residents.

An infection prevention and control assessment formed part of the preadmission records. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this now included the National Transfer Document which is used when residents are moved to acute care.

The inspector also identified some examples of good antimicrobial stewardship. For example, the volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Staff were observed to apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Appropriate use of personal protective equipment (PPE) was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices.

Notwithstanding the good practices in IPC there were some areas that needed improvement. For example, the provision of hand hygiene sinks and alcohol gel at the point of care was not sufficient. There were two clinical hand wash sinks in the centre but none along resident corridors for easy staff access. Similarly, alcohol hand gel was available along corridors but not at point of care (in resident bedrooms) throughout the centre.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

## Regulation 17: Premises

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example,

- There were no clinical hand washing facilities on corridors adjacent to resident rooms, to assist in easy access to hand washing.
- Fabric covered furniture and some carpets was observed to be worn and stained in places, making these difficult to clean and use specialised bleach in the event of an outbreak of infection.
- Inadequate storage facilities in shared ensuites, to reduce the chance of sharing toiletries inappropriately and cross infection.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

The inspectors saw that a copy of all transfer letters when a resident was recently temporarily transferred to the hospital was kept in the resident's file in the electronic system. This letter included information such as the resident's weight, infections and vaccination status, and food and fluid consistency status. The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service and saved in residents' files.

This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by:

- Alcohol hand gel dispensers was in place along the corridors but were not available at the point of care in resident bedrooms, to enable staff easy access to clean their hands.
- One sharps boxes was seen not signed when opened and did not have the temporary closure mechanism engaged when not in use.
- Commode pans were stacked on top of each other in sluice room increasing risk of cross contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO and those residents that had a urinary catheter.

Judgment: Compliant

### Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to tissue viability and dieticians as required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example; the volume, indication and antibiotic use was monitored and analysed each month. Infection prevention measures were targeted towards the most common infections reported. Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection. Posters were available in the centre to guide staff.

Judgment: Compliant

## Regulation 9: Residents' rights

A review of the management of resident's rights during an outbreak found that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions put in place to manage the outbreak were proportionate to the risks of infection. Individual residents were cared for in isolation when they were infectious, while social activity and visits continued for the majority of residents during the outbreak.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0047146

Date of inspection: 21/05/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Four locations throughout the home have now been identified where additional clinical handwashing facilities can be added. Two of these will be added by 12/12/2025 and a further two will be added in 2026.</p> <p>All flooring and furniture replacement is scheduled as per our capex budget and these are scheduled for replacement on an ongoing basis. All of the carpet flooring will have been replaced by 12/12/2026. Twelve new high back comfort chairs have been delivered and further deliveries will be ongoing.</p> <p>In consultation with the residents, additional storage has now been provided in the shared ensuite bedrooms.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"><li>• Alcohol hand gel dispensers was in place along the corridors but were not available at the point of care in resident bedrooms, to enable staff easy access to clean their hands.</li><li>• One sharps boxes was seen not signed when opened and did not have the temporary closure mechanism engaged when not in use.</li><li>• Commode pans were stacked on top of each other in sluice room increasing risk of cross contamination.</li></ul>	



The placement and availability of alcohol hand gel dispensers has been reviewed and additional dispensers have been installed.

All nursing staff have been re-informed about the importance of signing sharps boxes when opening and of using the temporary closure mechanism when not in use. This is monitored by the clinical management team during their walkarounds.

The stacking of the commode pans was immediately corrected and all staff have been reminded of the correct practice. This is monitored by the clinical management team during their walkarounds.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	12/12/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	04/07/2025