



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ashborough
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lyre Road, Milltown, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 April 2022
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0035709

About the designated centre

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

Sonas Nursing Home Ashborough is located in the village of Milltown, Co. Kerry. It is operated by Sonas Nursing Management Ltd who is the registered provider. The home is registered to provide care to 58 residents, and is a purpose built residential care home based on a Scandinavian model. Sonas Nursing Home Ashborough is situated in the heart of County Kerry, surrounded by the towns of Killorglin, Killarney, Tralee and Castleisland. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within a care environment which promotes the health and well being of its residents. Residents in Ashborough Nursing Home are living in spacious, bright en-suite single or twin rooms with built in safety features such as a call bell system, fire door with magnets to respond to fire alarms, wheelchair accessible bathrooms, grab rails and profiling beds to suit individual needs. A small kitchenette including a fridge, washing machine, kettle and microwave (following assessment), a television and a private telephone line in the rooms are also standard.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 6 April 2022	08:30hrs to 17:30hrs	Ella Ferriter	Lead
Wednesday 6 April 2022	08:30hrs to 17:30hrs	Oliver O'Halloran	Support

What residents told us and what inspectors observed

From what the residents told the inspectors, and from what the inspectors observed, Sonas Nursing Home Ashborough was a pleasant and comfortable place to live. The overall feedback from residents was that they enjoyed a good quality of life and were supported by staff who were kind and caring. On the day of the inspection the inspectors observed a very friendly, warm atmosphere throughout the centre. Inspectors met with all residents living in the centre, throughout the day, and spoke with twelve residents in more detail. The overall consensus was that they were happy living in Ashborough Lodge Nursing Home and that they felt safe there. Residents spoken with knew how to make a complaint and said they would talk to a nurse if they had a concern.

This unannounced inspection took place over one day. There were 54 residents accommodated in the centre, on the day of the inspection, and four vacancies. The inspectors were welcomed to the centre on arrival by the administrator and guided through the infection prevention and control measures in place. The systems in place were comprehensive and included temperature checks, hand hygiene and face coverings, before entering the centre. The reception area was bright and welcoming with a seating area to the side, and nice decor on the walls.

The inspectors were informed that the person in charge was on leave. After an opening meeting with the Nurse covering for the person in charge, the inspectors were guided on a tour of the premises. The plan for the inspection was outlined, and a number of documents were requested, that would be reviewed as part of the inspection.

Sonas Nursing Home Ashborough is located near the village of Milltown in County Kerry. The designated centre is a purpose-built, single-storey facility with accommodation for 58 residents, in 54 single and two twin occupancy bedrooms. The design and layout of the centre promoted a good quality of life for residents, in a homely environment. Residents were encouraged to mobilise freely and had unrestricted access to two enclosed courtyards. On entering the centre the inspectors entered a large communal area, at the centre of the home. Inspectors saw that this was a nice bright space where walls were decorated with murals, one depicting a post office. The kitchen was also visible in this area, and the kitchen staff could be seen preparing food throughout the day. One resident was observed coming up to chat to the staff about the menu for the day. They told the inspectors they had experience in the food industry and the food was always of good quality and there was always choice. Some residents were also observed sitting in this area and told the inspectors they enjoyed it as it was lively and they enjoyed chatting with staff. The main nurses station was also situated in this area.

The inspectors saw that centre is divided into four distinct wings, all depicting names of flowers, Daffodil, Heather, Jasmine and Camilla. Each wing was a different colour and had its own sitting/dining facilities. All bedrooms have en suite facilities

as well as individual kitchenettes which included a refrigerator, sink and washing machine. Overall, the inspectors saw that rooms were spacious and nicely decorated. Residents told the inspector that they liked their living environment, and some had brought in personal memorabilia from home, such as pictures and ornaments. Although rooms had washing and drying facilities for residents clothes, inspectors were informed by staff that some residents drying facilities were not working effectively. The inspectors noted that in some bedrooms these clothes were hanging on clothes horses or in bathrooms to dry, and as a result there was less floor space for residents, and they were visible to residents and their visitors throughout the day. The laundry system required review within the centre, which is discussed further under regulation 9.

The inspectors noted that the provider had relocated the smoking facilities to an outdoor weather proof structure, in response to the findings of the previous inspection, which found that the smoke was impacting other residents. Overall, this inspection found that the premises was well maintained and the provider employed full time maintenance personnel, however, some further areas required to be addressed, which are detailed under regulation 17. On the walk around of the centre the inspectors noted that although bedrooms were clean, some areas pertaining to infection control required attention, mainly the cleaning and maintenance of equipment, detailed further under regulation 27.

A large number of residents in the centre were living with a cognitive impairment (75%), and were unable to fully express their opinions to the inspectors, these residents appeared to be content and relaxed in the company of staff, when observed throughout the day. The Heather unit had key pad access, the inspectors saw that residents with advanced cognitive impairment lived here and spent their day in the sitting/dining area. Although this area was well supervised throughout the day, the inspectors observed that there was minimal opportunities for residents here to participate in activities until 14:30hrs. Residents in the other three units were provided with a range of social care supports during the day and the activities schedule inspectors reviewed was varied. The centre had a large hall, which was used for group activities after lunch. The inspectors observed activities taking place throughout the centre on the day which included an interactive quiz, hand massage, an aromatherapy session and nail painting. The physiotherapist and two care staff also facilitated an exercise session in the hall that afternoon. This was a session attended by nearly 30 residents. Inspectors observed lovely interactions with residents and staff during this time. It was evident that residents enjoyed these sessions that took place two to three times a week. Residents were observed laughing and partaking in active movement and ball games. However, there were very limited opportunities for social stimulation at the weekends, residents informed the inspectors that "these days can be long", this is discussed further in the report.

Although the general feedback from residents spoken with was one of satisfaction with the care and the service provided, two residents told the inspectors their only concern was when they spent time in the day rooms "there was sometimes difficulty in getting assistance and you had to wait as there was no way to call staff ". Residents meeting records confirmed that this had been brought to the attention of management, however, it had not been actioned. This is discussed further under

regulation 9, residents rights.

The inspectors observed that the residents were well cared for by a committed and dedicated team in Ashbrough Lodge Nursing Home, who worked hard to ensure the residents were supported with all their needs. The inspectors observed that staff provided care and support in a respectful and unhurried manner at all times, throughout the day of this inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents called the staff by name and were seen to be relaxed and comfortable in their company.

The inspectors had the opportunity to meet with one visitor on the day of this inspection. They were complementary about the care their loved one received, and commented about the dedication and commitment of staff. However, the visiting procedures in place within the centre, as outlined on the signage at reception, was not in line with national guidance, this is discussed further in the report.

Residents reported that they enjoyed meal time in the centre and the inspectors saw that the food was of a very good quality. They explained that they were offered choice at each mealtime and could avail of snacks and drinks throughout the day. Food was freshly prepared in the centre's own kitchen and served hot to each dining room or to residents rooms, if they chose. Residents told the inspectors they loved the fresh baking daily. The inspectors saw that residents who required help were provided with assistance in a sensitive and discreet manner. However, in some of the dining areas residents were not afforded the opportunity of a dining experience, as they were served courses together at separate tables, or sometimes on a bed table while sitting in an arm chair, and there was no dining atmosphere. This is discussed further under regulation 9.

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

Capacity and capability

Overall, Sonas Nursing Home Ashbrough was a good centre where residents were supported to have a good quality of life. However, this inspection identified that some governance arrangements, infection control practices and residents rights, required action. These areas will be discussed under the relevant regulations. The inspectors also followed up on the findings of the previous inspection of April 2021, and found that all areas identified for improvement, had been addressed by the registered provider.

This was an one day unannounced inspection to monitor the centre's compliance with the care and welfare regulations, by two inspectors of Social Services. Sonas

Nursing Home Ashborough is operated by Sonas Nursing Homes Management Co. Limited, who is the registered provider. The centre was managed, on a daily basis by an appropriately qualified person in charge, with overall responsibility for the delivery of clinical care. There had been a change in the management structure, within the centre as the Clinical Nurse Manager had resigned in February 2022, from the role. In response to this, the registered provider had appointed a member of the existing staff to take this position, in an acting capacity. Although the person appointed was an experienced nurse, further induction into the role was required, to ensure that the person had the necessary information and awareness of the management systems within the centre. This is discussed further under regulation 23. The provider also employs an additional supporting management team which comprises of a Quality Manager and a Quality and Governance Coordinator. There was evidence of good communication between the internal and external management team, on a weekly basis or more frequently if required. The Quality Manager was on site on the day of this inspection and it was clear they were involved in the operational management of the centre.

There were systems in place to monitor and evaluate the quality and safety of the service, which comprised of a yearly audit schedule and the collection of weekly key performance indicators. However, the inspectors found that further improvements were required, as areas of non-compliance found by the inspectors, were not identified by the current audit system, in particular in relation to infection prevention and control.

On review of rosters and staffing levels within the centre it was evident that the provider had employed a sufficient amount of staff to provide care to residents. Staff had the required skills, competencies and experience to fulfil their roles. However, the allocation of staff at weekends in both housekeeping and in the provision of a social programme for residents required to be addressed, which is actioned under regulation 27 and 9. Staff had access to education and training appropriate to their role and all mandatory training was up to date. Staff with whom the inspectors spoke with were knowledgeable of each resident and their individual needs.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre, and complaints were managed in line with regulatory requirements. Incidents occurring within the centre were being monitored, however, not all incidents were reported to the Chief Inspector as required by the regulations, which is further detailed under regulation 34.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty, to meet the physical care needs of residents and having regard to the size and layout of the centre. There were two registered nurses on duty at all times. However, the compliment of staff to provide social stimulation, as described in the statement of

purpose was not available, which is further outlined and actioned under regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role and training was up to date for all staff. This included Infection prevention and control, manual handling, safeguarding of vulnerable adult and fire training. Training in dementia awareness had also taken place for staff, in response to the profile of residents living in the centre. There was a comprehensive induction programme for newly recruited staff.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible throughout the day of this inspection. A review of a sample of personnel records indicated that they all contained information required, as per the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Some governance and management systems in the centre were not sufficiently robust and required to be addressed, for example:

- the monitoring and oversight processes that were in place for infection control processes within the centre, had not identified a number of areas for improvement found on this inspection. For example: the most recent infection control audit had indicated compliance of 97%. However, the inspectors found significant non-compliance in this area, which had not been identified by the provider or the management team.
- the deputising arrangements in place for when the person in charge was absent, required action by the registered provider, as this inspection found that they were not clear and robust enough, to ensure effective governance of the service. The person given responsibility to replace the person in charge for a three week absence, had not been given an effective handover to manage areas such as complaints or incidents, within the centre. The

inspector was also concerned that if the centre was to experience an outbreak of COVID-19, there would not be effective management arrangements and personnel in place. This was discussed on the day of inspection and the inspector was informed that the Quality Manager would be available, full time to the centre, if this was to occur.

- the management systems in place for residents wound care, within the centre, did not provided assurances that care was being appropriately monitored, this is detailed further under regulation 6.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Improvements were noted in residents contracts of care since the previous inspection. Residents contracts now contained all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified in quarter four of 2021 and quarter one of 2022 of a grade four pressure ulcer, that was being treated in the centre. This notification is a regulatory requirement.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements. There were good records maintained, with evidence that all complaints, formal and informal, were investigated in a timely manner. There was also evidence that complainants were satisfied with the outcome.

Judgment: Compliant

Quality and safety

Residents living in Sonas Nursing Home Ashborough were generally satisfied with the quality of the service they received, and stated they felt safe in the centre. Overall, there were good standards of care provided and the healthcare needs of residents were well met within the centre. Nonetheless, this inspection found that improvements were required in relation to infection control practices and the monitoring of wound care. Residents quality of life would also be enhanced through further facilities for occupation and recreation on weekends.

The centre had transitioned to an electronic resident care record system, since the previous inspection. Residents were assessed using validated assessment tools, and care plans were developed to meet residents identified needs. The inspectors reviewed four care plans during this inspection. Overall, these care plans were person centred, periodically reviewed and updated at least every four months, as per the regulation. However, there were no specific care plans in place for each resident regarding social care preferences, which is detailed under regulation 4.

Residents had access to general practitioners and there was evidence of regular reviews. There was access to physiotherapy in the centre three days per week. Residents also had access to specialist services including speech and language therapy, podiatry, palliative care and old age psychiatry when required. These multidisciplinary team's inputs were evident, in sample care plans reviewed by the inspectors. Although wound care practices in the centre were generally good, some further improvements were required, which is discussed under regulation 6. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Pharmacists were facilitated to meet their obligations under the relevant legislation. However, some issues pertaining to medication management within the centre were found to require review, which is further detailed under regulation 29.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time, and they have been successful to date in managing to keep the centre free of a COVID-19 outbreak, to date. A documented COVID-19 contingency plan was in place, and links had been established with the public health team. The registered provider had systems in place to minimise the risk of the introduction of COVID-19 to the centre. Residents were monitored for signs and symptoms of COVID-19. There was an adequate supply of personal protective equipment and hand sanitising gel at the entrance, and it was conveniently placed throughout the centre. Staff were observed throughout the day complying with good hand hygiene and the wearing of face masks. However, numerous areas were identified as requiring attention, in relation to infection control, which are outlined under regulation 27.

There was a clear focus on fire safety within the centre. The provider had upgraded fire safety within the centre, since the previous inspection by reducing the size of fire compartments. The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems providing the appropriate L1 fire

alarm coverage. The service records for these systems were up to date.

The inspector observed that the residents were comfortable throughout the day of this inspection and that staff respected their privacy and dignity at all times. Residents' rights and choices were respected. The residents' committee was active and minutes of these meetings evidenced that they discussed a range of topics. There were also opportunities for residents to participate in meaningful activities, however, these were limited at the weekends. Residents had access to an independent advocacy service.

Regulation 11: Visits

Visiting arrangements in place were not in line with Health Protection and Surveillance Centre guidelines, for example: all visitors were required to complete an antigen test at reception, prior to entering the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The following required to be addressed in relation to the premises:

- some areas of the premises required painting, such as door frames and some bedroom walls.
- one wing of the centre had frayed carpet. Inspectors were informed that there was a plan to change this carpet in the coming months.
- some furniture such as a dining table and a bed table were observed to be cracked.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in Schedule 5. There were appropriate arrangements in place in relation to the management of risks in the centre. Incidents such as falls, were tracked and trended to facilitate the identification of areas for improvement.

Judgment: Compliant

Regulation 27: Infection control

To ensure the centre was in compliance with infection prevention and control standards, the following required to be addressed and actioned :

- although there was adequate cleaning staff employed, there was only one cleaner rostered at weekends, which was not adequate when considering the size and layout of the centre.
- some equipment, such as hoists, were not visibly clean on the day of this inspection, which increased the risk of cross contamination.
- although cleaning schedules were in place for the cleaning of equipment, there were gaps in these cleaning schedules noted.
- some commodes were observed to be rusted, therefore, effective cleaning could not be assured.
- shelving in both sluice rooms was rusted, therefore cleaning could not be assured.
- there was not a process in place to clean the medication refrigerator, and it was visibly not clean on the day of inspection.
- the dressing trolley was cluttered and visibly not clean.
- although there were adequate sluicing facilities in the centre, inspectors observed that equipment was being inappropriately stored in these rooms.
- a urinary catheter bag, for individual use, was observed to be stored for reuse in a residents bathroom.
- the layout of the laundry rooms required to be reviewed, to ensure there was a process for segregation of clean and dirty linen.

Judgment: Not compliant

Regulation 28: Fire precautions

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted, at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Fire drills were conducted at regular intervals and simulated both day and night time scenarios.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The following required to be addressed in relation to medication management within the centre as it was found that:

- not all medications when no longer required were disposed with in accordance with national legislation. This was evidenced by these discontinued drugs being stored in trays in clinical room in the centre.
- some topical medication was not labelled with the date in which it was opened, therefore, administration within the expiry date could not be assured.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Documentation reviewed by inspectors evidenced that residents had an individual assessment of their needs, using validated assessment tools. However, in some instances there was a lack of assessment and subsequent care planning in relation to residents social care needs.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors acknowledge that there was a low incidence of pressure ulcer development within the centre. However, this inspection found that referral to a tissue viability nurse had not been made for one resident, when there was evidence that a wound was not healing. There was also ambiguity in relation to the grading of a pressure sore being treated. What may have contributed to this, was the system in place to document wound care assessment and treatment, as some of it was on an electronic system and other parts of residents care interventions were being

documented on paper.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. The centre did not act as a pension agent for any residents living in the centre. On review of the processes in place to manage residents personal monies, the inspectors found that systems in place were robust and being appropriately monitored by the registered provider. All staff had Garda Vetting disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors identified the following areas pertinent to residents' rights required action:

- the provision of opportunities to participate in activities for residents at the weekend was limited as there was no staff allocated to this role. There was also minimal social stimulation for residents living in Heather wing. The centres statement of purpose stated their was 60 hours per week of activities/recreational therapist, however, there was only 39 per week at the time of this inspection.
- the dining experience in some of the dining rooms required review, to ensure that mealtimes were a social event that enhanced residents quality of life. The management team acknowledged this finding and told the inspectors this was an area of quality improvement planned.
- although residents meetings were taking place, there was not always evidence that where suggestions were made or concerns were brought to the attention of management that these were actioned.
- residents laundry service required review, to ensure that the process did not interfere with residents personal space and maintained their dignity.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Ashborough OSV-0000194

Inspection ID: MON-0035709

Date of inspection: 06/04/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The infection control audit was developed from national and local policy as evidence based practice guidelines, on the day of inspection due to some residents tumble dryers being out of order there were clothes drying in their bedrooms – this should have been risk assessed and identified as an IPC risk. This has been discussed at the home management level and with the facilities team and same rectified. Complete.</p> <p>The PIC was on annual leave on the day of the inspection – the APIC had commenced her induction period and having worked in the centre for many years is very familiar with all of the resident's care needs. It is accepted that she had yet to complete her operational induction and therefore the quality manager was supporting onsite. We acknowledge the learning from this and have prepared a new handover for whenever the PIC is absent and the APIC needs to deputise. Complete. Further induction in to the role is ongoing and will be complete by 30/09/2022. We have a detailed contingency plan in place to assist Sonas Ashborough with any outbreaks or concerns that may arise. The Quality manager and Support office is available at all times to provide ongoing daily support. This contingency plan has been tested and found to be successful. Complete.</p> <p>We will ensure that all wound care issues are referred to the tissue viability nurse and we will closely monitor the progress. The PIC will report all wounds to the quality manager in the weekly report. Complete and ongoing.</p>	
Regulation 31: Notification of incidents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We accept this oversight and will notify the Chief Inspector of any pressure related wounds that develop in our home. Complete.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: We have now ceased asking visitors to complete an antigen test on arrival to the centre. Complete.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As per the continuous improvement plan which had been approved, painting and renovations commenced on the 02/05/2022. Aim for completion 31/07/2022.</p> <p>Furniture had been ordered but there are currently long delays with the lead in time – estimated arrival 30/06/2022.</p> <p>Carpet replacement had also been approved and we await availability of the suppliers to put down same. Aim for completion is 31/08/2022.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We have reviewed the number of cleaning staff employed and continue to try to recruit for additional staff. In the interim we have reviewed the roster to ensure sufficient hours are allocated to cleaning. Complete.</p> <p>All equipment has now been properly cleaned and inspected. We now have a system in place to ensure hoists are cleaned in between resident use and deep cleaned at night. Nursing staff will monitor compliance re. same. Managers will also inspect on their</p>	

walkarounds. Complete.

New commodes had been ordered and have now arrived and those with rust have been removed. Complete.

Shelving in both sluice rooms is being replaced. 30/05/2022.

Following the inspection, the procedure for cleaning the medication refrigerator was reviewed and it was assigned to the nurse in charge each night. This took effect immediately. This will be monitored by the PIC & APIC. Complete.

A meeting was held with the nurses to remind them of the importance of and the requirement to ensure that the dressing trolley is kept clean and tidy at all times and that urinary catheter bags are not for reuse. This will be monitored by the PIC & APIC. Complete.

Inappropriate storage of equipment in the sluice rooms was immediately removed. Complete.

The laundry of all sheets and towels is outsourced. The layout of the rooms where some residents' laundry is washed (in the event of their own machine being out of order) is now under review – in the interim we are maintaining clear segregation between clean and dirty. 30/06/2022.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: We have met with our pharmacist to tighten up on the return and disposal of no longer required medication. All unrequired medications were removed immediately. Complete. The date of opening is now printed on all topical medications. This went into effect immediately. Nursing staff have been reminded of the importance re-same. Complete.	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All social care needs plans have been reviewed and appropriate assessments, interventions, and evaluations have been documented and will be kept under review. Complete.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: In order to avoid further discrepancies all wounds are now documented electronically. PIC & QM reviews this weekly. Complete.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: We are currently advertising to recruit for a second recreational therapist in order to ensure that the range and frequency of the activities programme provided is satisfactory to all residents. 30/06/2022.

Sonas nursing homes have commenced a group wide "enhancing mealtimes" project and Sonas Ashborough are due to commence theirs in Quarter 2. 31/08/2022. In the interim we will ensure that residents are offered and facilitated to sit to the dining room table at mealtimes in all dining rooms.

Any suggestions or concerns raised during the resident meetings have now been followed up on and action has been taken. Complete. The Quality Manger will ensure that this practice of follow through is maintained.

The resident will be consulted about the airing of their laundry in their bedroom and it will not be aired if they do not wish for same. Some resident like to be involved in the laundry of their own clothing and their personal preferences will be respected. Complete.

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 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	08/04/2022
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	31/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/09/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/05/2022
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	08/04/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall	Substantially Compliant	Yellow	08/04/2022

	be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	08/04/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	12/05/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Substantially Compliant	Yellow	12/05/2022

	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	12/05/2022