



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Nursing Services Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 December 2020
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0030765

About the designated centre

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

Sonas Nursing Home Melview is a four-storey facility located within the urban setting of Clonmel town. The centre can accommodate 51 residents. There are two lifts on either side of the house to enable easy access to the four floors. Bedrooms comprise single, single en suite, double, double en suite and three-bedded rooms. There are day rooms on each floor, a dining room on the ground floor and a lounge area on the middle floor. There is a new extension comprising seven single bedrooms with en-suite shower and toilet facilities and a visitors' room with comfortable seating and kitchenette facilities. Residents have access to gardens and walkways around the centre. Sonas Nursing Home Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
--	----

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 2 December 2020	09:30hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Residents were content, relaxed and carrying on with their daily routines on the day of inspection. Apart from visiting restrictions, social distancing and staff wearing face coverings at all times, their normal daily routines were unchanged by the measures in place to prevent an outbreak of COVID-19 infection. Some residents liked to spend time in the communal rooms either sitting and relaxing while reading the newspaper or participating in the activities scheduled. While other residents spent a lot of time in their bedrooms, most residents preferred to go to the dining rooms or the sitting/dining rooms on the mezzanine and second floor levels for their meals. While, residents were generally two meters apart while eating their meals, adherence to recommended social distancing guidelines needed improvement while residents were resting in assistive chairs in one twin bedroom on the second floor and in the sitting rooms on the ground and first floor.

Residents were in good spirits and chatted with the inspector about their experiences living in the centre during the COVID-19 pandemic. Residents highlighted the good standard of their meals with comments such as 'the best food I ever tasted', 'look forward to lunch', 'there's always choice and if you don't fancy what is on the menu, the chef will cook something else' and that the food was 'always lovely'.

The inspector observed that some residents spent a lot of time in their bedrooms especially on the mezzanine and second floor levels. While there was staff-led group activities taking place in the sitting rooms on the ground and first floors, they was no group or one-to-one activities taking place in the sitting/dining rooms on the mezzanine and second floor levels on the day of inspection. Two residents on these floor levels told the inspector that they preferred to stay in their bedrooms and although were unable to recall how they spent their day, they said they kept themselves occupied. Another resident said he liked to read his newspaper in the sitting/dining room. He said he enjoyed the views from the windows and the inspector observed the views to be spectacular providing a bird's eye view over the local town and the surrounding area. Staff were observed to promptly attend to residents' care needs but when completed did not remain on these floors with the residents.

Stair gates were observed in place in three areas of the stairs from the ground to the second floor. These stair gates were locked by means of an electronic coded lock and the inspector did not observe any residents accessing the stair gates independently and observed that residents remained on the floor their bedroom were on during the inspection. Staff spoken with confirmed that they opened the stair gates on request by residents.

There was a happy atmosphere in the sitting rooms on the ground and first floors where small groups of residents were chatting together and engaging in meaningful activities on the day of inspection. Saying a rosary prayer together in the morning

was a daily routine after breakfast for one group of residents. Another group passed the afternoon with making Christmas decorations while, a quiz was taking place in the other sitting room. One resident who liked to walk to the local town was facilitated to continue going to the town and surrounding areas, being safely by car driven by a member of staff.

Residents told the inspectors that they were delighted that they could keep in touch with their families and that they could see them with window visits. Residents confirmed that were not concerned about the restrictions and infection prevention and control procedures in place as they understood the rationale for these measures were to keep them safe. All residents who spoke with the inspector had a good knowledge of COVID-19 and what the typical signs of infection were.

Residents were complimentary in their comments about staff in the centre and wanted staff acknowledged for their kindness and the standards of care they provided to them. Residents spoke about the new building and were looking forward to seeing inside it and choosing their new bedrooms. One resident said the nursing home was close to where she lived in the community and was very convenient for her family to visit. Staff were gentle and kind in their interactions with residents and it was clear to the inspector that staff and residents had trusting and respectful relationships with each other.

Residents bedrooms varied in size and several residents had personalised their bedrooms with their photographs, ornaments and other small items brought in from their homes in the community. One resident told the inspector she loved her bedroom and it was just how she wanted it. The weather was cold on the day of inspection and although residents choose to stay indoors, they could go out to the enclosed garden at will from the ground floor. The garden was sheltered by high walls and had outdoor seating provided.

Residents said they had no complaints but if they had any problems or concerns, they would speak to one of the staff or their families.

Capacity and capability

Sonas Nursing Services Limited are the providers for Sonas Nursing Home Melview. The provider board has three directors, one of whom is the registered provider representative for the designated centre. A quality and governance coordinator and a quality manager provide senior support to the person in charge. The person in charge of the nursing home is a senior experienced nurse responsible for the care and welfare of residents and the oversight and supervision of clinical care. Two clinical nurse managers are also employed by the provider as part of the clinical management structure in the centre.

The centre premises is a four storey period building and is not purpose built. Although the provider had upgraded and refurbished areas of the premises over the

years, the premises continues to pose significant challenges to the provider with achieving regulatory compliance. At the time of this inspection, a new build consisting of 64 beds, located on the designated centre campus was at an advanced stage. The inspector was told that the provider intends that residents in the designated centre will be accommodated in the new premises building when it is completed.

There was an established governance and management structure in the centre, however, oversight of the quality and safety of the service needed improvement to ensure sufficient staffing resources are provided and that a high standard of infection prevention and control is implemented. Although the provider and staff were working to continue to keep the centre free of COVID-19, provision of consistent staffing resources and a high standard of infection prevention and control put the centre at increased risk of not being prepared for a COVID-19 infection outbreak. Infection prevention and control in the centre was also not compliant with the regulations on the last inspection in August 2018.

The provider had a COVID-19 outbreak contingency plan in place, which had not been tested. The inspector was not assured that the staffing resources provided were sufficient to protect residents from or to meet their needs including in the event of a COVID-19 outbreak in the centre. Efforts were made to roster two nurse-led staff teams each day but this measure was not effective as rostering of separate nurse-led staff teams each night was not consistently in place. A separate staff team was not assigned to care for residents with precautionary isolation procedures in place. Clinical nurse managers were rostered as part of the staff team providing direct care to residents during the day and as the only nurse when working during the night and therefore were not available to support the person in charge. Designated staff with responsibility for coordinating residents' activities were not rostered during the weekends or public holidays and placed residents at risk of social isolation during COVID-19 restrictions and reduced access to their families.

The provider had established links with the public health team and HSE lead for the area and was utilising these resources in preparation for a COVID-19 outbreak. Staff were facilitated to attend mandatory training and training on infection prevention and control, hand hygiene and use of personal protective equipment. The inspector found that staff were well informed about the symptoms of COVID-19, including atypical symptoms and were informed regarding the guidelines published by the HPSC. However, cleaning practices in the centre required improvement.

There was good evidence of consultation with residents and their families. Communication with residents' families regarding their wellbeing was increased during COVID-19 restrictions.

Regulation 15: Staffing

The staffing roster reflected the staff on duty on the day of inspection. Seven staff nurses (7 WTEs) and two (2 WTEs) clinical nurse managers were employed to meet

the nursing needs of 44 residents currently in the centre over three floors. The provider had rostered a second staff nurse from 20:00 to 21:00hrs to assist with administering residents' medicines. The inspector was told that all staff had agreed to increase their contracted hours in the event of a COVID outbreak in the centre.

Two separate staff teams were rostered during each day from 08:00 to 21:00hrs but only one staff team consisting of a staff nurse and three healthcare assistants were rostered from 21:00 to 08:00hrs. The staffing resources provided did not allow for consistent rostering of separate nurse-led teams during the night to mitigate risk of COVID-19 cross infection. In addition, assurances were not available that there was sufficient staff nurse resources provided in the event of a residents' nursing needs increasing during the night and given the layout of residents' accommodation over three floors.

Staffing resources available did not allow for consistent rostering of a separate staff nurse led team to care for a resident with infection prevention and control precautions in place following their return to the centre from the hospital. This arrangement did not ensure potential risk of cross infection was mitigated.

The centre's activity coordinator worked from Monday to Friday each week and care staff facilitated residents' activities during the weekends or on public holidays as part of their role. Although, residents did not report feelings of social isolation or loneliness during current COVID-19 restrictions, the staffing arrangements in place did not ensure that risk of these feelings were sufficiently mitigated. The provider representative told the inspector that a review of activity staffing resources would be completed to ensure residents had access to coordinated meaningful activities and did not experience social isolation during weekends and public holidays.

No volunteers worked in the centre and there were no plans in place to employ volunteers in the event of a COVID-19 outbreak.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had a system in place for monitoring and tracking all training done by staff. All staff were facilitated to attend up-to-date mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety training. Staff were also facilitated to attend training to support their professional development and to support their skills in caring for residents in the centre.

There was a focus on ensuring staff attended training in infection prevention and control procedures and practices, timely identification of typical and atypical symptoms and care of residents with COVID-19 infection, hand hygiene procedures and donning and doffing of personal protective equipment (PPE). The person in charge told the inspector that training of staff to enhance their COVID-19 infection

prevention and control knowledge and skills was ongoing and included the HPSC guidance they must follow to prevent an infection outbreak in the centre.

While arrangements were in place to ensure staff were supervised according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements, supervision of cleaning staff practices required improvement.

Judgment: Substantially compliant

Regulation 21: Records

The inspector examined the files of four recently recruited staff and found that they contained the required documentation as set out in the regulations. An Garda Síochána (police) vetting disclosures were available in the four staff files reviewed. The person in charge gave assurances to the inspectors that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation.

A record of simulated emergency evacuation drills was maintained and the information recorded provided sufficient assurances that residents' evacuation needs could be met during day and night-time conditions. Records were consistently maintained of fire safety checks completed and servicing of fire equipment and emergency lighting.

A daily record of each resident's condition and any treatments given was maintained in each resident's documentation by nursing staff.

A register of restrictive procedures used in the centre was maintained.

Judgment: Compliant

Regulation 23: Governance and management

The provider had taken steps to prepare the service for a COVID-19 outbreak, however, the staffing resources provided and oversight of infection prevention and control in the centre needed further strengthening to ensure residents social care needs were met and a COVID-19 infection outbreak would be contained and effectively managed.

A COVID-19 outbreak preparedness plan developed for the centre was kept under review and updated. As the availability of nursing resources was likely to decline in the event of a COVID-19 outbreak in the centre, there was a significant risk, given

the current nursing resources provided, there would not be enough nurses to meet the increased needs of residents with COVID-19 or to protect other residents from cross infection. Given the layout of residents' accommodation over three floors, rostering of one registered nurse from 21:00 to 08:00hrs each night was not adequate This non compliance is discussed under regulation 15: Staffing.

A system was in place to monitor the quality and safety of the service. The effectiveness of clinical care was measured and key areas of the service was audited to monitor quality and safety. An infection control and prevention audit was completed on a weekly basis and areas identified as needing improvement were actioned. However, the infection prevention and control audit tool did not identify the the areas needing improvement that were identified on this inspection. The centre's quality manager gave assurances during the inspection feedback meeting that this would be addressed as a priority. The findings are discussed under regulation 27: Infection control in this report.

An annual review report on the quality and safety of the service was completed for 2019. Residents were consulted with including in a a satisfaction survey and their feedback was valued.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed and revised as necessary in 2020. This document detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was reflected in practice in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of any accidents or incidents involving residents was maintained in the centre. Notifications and quarterly reports were submitted as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available, accessible to all staff and were specific to the centre. These policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance. Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting in the centre and admission of residents were updated in accordance with evolving guidance and were implemented in practice.

Judgment: Compliant

Quality and safety

Overall, there was evidence of good consultation with residents. Residents' needs were being met through good access to healthcare services and some opportunities for social engagement. However, improvements were required to safeguard residents from risk of infection and to ensure they were supported to engage in meaningful activities.

The inspector found that staff were respectful and kind in their interactions with residents. Residents appeared to be well cared for and they gave positive feedback regarding many aspects of their care in the centre. Residents' nursing and clinical care needs were met to a good standard and they were provided with timely access to their GPs and allied health professionals. Residents care needs were all generally assessed and although their care plan and clinical risk assessment documentation needed improvement, residents' nursing needs were met to a good standard. The assessment process involved the use of a variety of validated tools and residents' care plans were generally person centred. Staff supported residents to maintain their independence where possible

Residents had timely access to general practitioner (GP) services and to a range of allied health professionals and out-patient services. The provider employed a physiotherapist two days each week in the centre to optimise residents' independence and good health. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician was in regular contact with the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. A number of these consultations took place over the phone or via video link in the current COVID-19 pandemic.

Staff made efforts good to ensure a number of residents with low dependency needs were supported and encouraged to continue to enjoy their independence

within HPSC guidelines. However, improvements were needed with ensuring some other less able residents' social care needs were met including a review of staffing resources provided to facilitate meaningful and coordinated activities for them at weekends and on bank holidays. This was especially relevant during the current restrictions and reduced access for residents to their families. Staff made efforts to ensure that wearing full PPE was not a barrier to communicating with residents.

The layout and design of the premises with residents' accommodation provided on three and a half floors, posed challenges for less able residents with navigating the different floors at will. The provider had made efforts to support residents' access internally with two mechanical lifts and externally with installing a ramp as a safe alternative to the steps at the front entrance and a decking platform outside an exit door on the first floor. There was also access at will for residents to a safe enclosed garden with seating to be enjoyed by residents as they wished. As the centre premises was not purpose built and despite significant effort by the provider with maintaining a high standard of infection prevention and control was difficult due to its' layout and structure. Residents were well informed about and looking forward to taking up residence in a new build by the provider on the same campus, which was at an advanced stage on the day of inspection.

Some infection control practices and procedures required improvement to ensure residents were protected from risk of COVID-19 infection. The provider and staff team had managed to keep the centre free of a COVID-19 outbreak to date. Areas needing improvement are described under regulation 27: Infection control in this report.

The centre normally operates an open visiting policy. However, due to the COVID-19 pandemic, visiting residents in the centre was restricted except in exceptional circumstances. Compassionate visits were facilitated for residents receiving end of life care. Scheduled window visits were facilitated. In response to residents' and relatives' feedback, the provider was arranging a more comfortable and safe area in the centre for residents to receive visits from their families and friends in preparation for easing of visiting restrictions.

Regulation 11: Visits

Visitors to the centre were restricted in line with HPSC guidance. The provider had taken measures to ensure residents' visitors could visit them safely. Visiting by families and friends to residents on compassionate grounds and in exceptional circumstances was been facilitated at all times and scheduled window visiting was taking place at the time of this inspection. In preparation for an expectation of easing of restrictions and feedback on visiting facilities from a recent satisfaction survey, the provider was preparing an alternative safe and comfortable area for families and friends to visit residents in the centre.

Residents were facilitated to keep in contact with their families by letters, social

media technology and the telephone.

Families were kept informed of each resident's wellbeing on a regular basis

Judgment: Compliant

Regulation 13: End of life

There was one resident receiving end-of-life care on the day of inspection. There was evidence of consultation with residents to provide them with opportunities to express their end-of-life care wishes and preferences. Where residents were unable to make their wishes and preferences known, staff spoke to their families to get this information on each resident's behalf. A care plan was developed to ensure residents' individual wishes and preferences were known and respected including the care they needed to meet their physical, psychological and spiritual care needs. Residents in receipt of end-of-life care were accommodated in single bedrooms.

Advanced care directives were in place for some residents and the inspector saw that this information was collated in consultation with individual residents and their families. These decisions were reviewed regularly and updated as necessary including during the COVID-19 pandemic.

Residents were provided with support from local clergy as much as was safely possible to meet their faith needs.

There was access for residents to palliative care services and measures were taken to ensure they did not experience pain or discomfort. Residents' level of pain and the effectiveness of pain management medicines administered was monitored.

Judgment: Compliant

Regulation 17: Premises

Accommodation for 51 residents was provided over three of the four floors in the centre. There were two lifts provided and were located on either side of the house in addition to a stairs to each floor.

- The ground floor had a sitting room and another room available for residents' use. Residents' accommodation on this floor consisted of nine single bedrooms, eight of which had en suite toilet and shower facilities and five twin bedrooms, three of which had an en suite toilet and shower.
- The first floor also had a mezzanine level accessible by a stairs and a mechanical lift. A sitting and a dining room were provided on the first floor level and a combined sitting/dining room was also available on the mezzanine

level. All bedrooms on the first floor level were single occupancy with en suite toilet and shower facilities. Residents' bedroom accommodation on the mezzanine level consisted of one twin bedroom and two rooms with three beds in each. None of these bedrooms had en-suite facilities and the eight residents in bedrooms on the mezzanine level shared a shower and toilet.

- The second floor provided accommodation for eight residents in one twin bedroom and two bedrooms with three beds in each. None of these bedrooms had en-suite facilities and the eight residents shared a shower and toilet. A combined sitting/dining room was available for residents accommodated on this floor level.

Although, the provider had made good efforts to maintain the internal fabric of the centre, some parts of the premises were in need of repair. For example, rubber matting on the floor of one lift was damaged, the wall and floor surface in the shared toilet and shower on the second floor was damaged. The surface of some door frames were damaged by passing equipment. There was also challenges with making the centre accessible for all residents due to the layout and structure of some parts of the premises. For example, one of the two lifts terminated at the first floor level and residents who used this lift needed to negotiate a wide stairs consisting of four steps off the first floor to a lower level to access the stairs to the mezzanine level.

Grab rails were fitted on one side of residents' toilets and a hand rail was fitted on only on one side of the wide stairs off the first floor. These findings did not optimise residents' independence or mitigate their risk of falling.

While two mechanical lifts were provided, the inspector also observed that one of the mechanical lifts was difficult to use and did not have any instructions displayed. For example, the button to operate the lift needed to be pressed continuously. No residents were observed using the lifts on the day of inspection.

The centre was bright and warm. Residents were encouraged and assisted to personalize their bedrooms and many residents availed of this opportunity by continuing to enjoy small items of their own furniture, photographs and soft furnishings brought in from their homes in the community. However, residents in the four three-bedded rooms did not have shelf space provided to display their photographs or mementos. Their wardrobes were accessible and each had a wardrobe for storing their clothes but they were located outside their bed spaces along opposite walls in these bedrooms. There was insufficient designated storage facilities for residents' assistive equipment and this equipment was stored in circulating areas on all floors. Residents feedback in questionnaires identified that they would like additional space for storage of their personal belongings.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were found to be necessary to ensure that infection prevention and control in the centre reflected the National Standards and COVID-19 prevention and control guidance provided by the Health Protection and Surveillance Centre (HPSC) as follows;

- a covered perspex box containing clean urinals was on the floor beside a toilet on the second floor, which the inspector was told was for residents' convenience with accessing a urinal as they wished.
- not all sluice room doors were secured to prevent unauthorised access to these potentially hazardous areas.
- storage of boxes on the floors in some areas did not allow for effective floor cleaning..
- PPE was not easily accessible. While, personal protective equipment (PPE) was accessible from a cupboard along one corridor, dispenser units were not available on other corridors and on some floors to ensure ease of access and to minimise distance staff needed to travel to obtain appropriate PPE.
- hand hygiene sinks for staff use in several areas were very small and did not have mixer taps fitted
- advisory signage regarding COVID-19 transmission precautions within the centre and for residents in precautionary isolation required improvement
- hazardous waste bins were not available for disposal of face coverings including outside the bedroom of a resident with precautionary isolation procedures in place
- social distancing arrangements for some residents in twin bedrooms required review to ensure they were supported to maintain a social distance of two meters while seated in assistive chairs in twin bedrooms and in the sitting rooms.
- the floor of one of the centre's lifts was damaged and the surface along the sides of the lift floor was dirty
- parts of the wall and floor surfaces in a communal bathroom on the second floor were damaged and could not be effectively cleaned.
- rolls of toilet paper in shared toilets were not appropriately covered to prevent risk of contamination and cross infection
- location of a nurses' station on the first floor only did not ensure there was no crossover of separate staff teams and therefore posed a risk of COVID-19 cross infection.

Some walls in residents' communal areas had a decorative paper covering. A risk assessment had been completed to ensure these surfaces could be effectively cleaned. Seating covered with a fabric material was in communal areas, a bedroom with three beds and areas used by staff including in the nurses' station. Cleaning procedures were in place for this equipment.

Residents and staff were screened regularly throughout the day for any signs or symptoms of COVID-19 infection and staff were aware that they must report any symptoms they may have without delay and not attend the centre if feeling unwell. Staff were observed to complete appropriate hand hygiene procedures. Hand sanitisers were located at intervals along corridors including outside the bedroom of

a resident with precautionary isolation procedures in place. Residents assistive equipment was visibly clean. Steam cleaning was completed weekly on carpet floor covering on some corridors and stairs.

Cleaning staff resources were increased as part of the centre's COVID-19 outbreak preparedness plan and two cleaning staff worked from 09:00hrs to 17:00hrs over seven days each week. Cleaning of frequently touched areas was completed several times each day. Cleaning equipment and cleaning trolleys were clean and there were procedures in place to ensure this equipment was thoroughly cleaned at the end of each day.

Residents' personal clothing and bed linen were laundered in a laundry room in the centre. Staff made efforts to ensure used laundry was segregated from cleaned laundry. However, the laundry layout and the absence of a separate entrance and exit door posed difficulties with maintaining best practice in infection prevention and control. Residents' clothing and bed linen was washed as recommended to prevent and control any COVID-19 infection. Hand hygiene facilities were provided in this area.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had procedures and practices in place to protect residents and others from risk of fire in the centre. However, cold seals on some doors including the door to the centre's kitchen were painted over and therefore may not be effective in the event of a fire in the centre. Self closing equipment was fitted on all doors including residents' bedroom doors. Fire fighting equipment was available throughout the building. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed with no gaps noted. The centre's fire alarm was sounded weekly to ensure it was operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment including emergency lighting by a suitably qualified external contractor. The centre's fire safety contractor also provided an on-call repair service.

Progressive horizontal evacuation arrangements were in place if necessary. Each resident's emergency evacuation and supervision needs were assessed and this information was readily accessible in the event of an emergency. While, the inspector was told that compartmentation to ensure a fire in the centre was effectively contained was in place, a floor plan identifying compartment boundaries throughout the premises was not displayed by the fire alarm panel.

Records of simulated emergency evacuation drills were made available to the inspector and provided assurances of timely evacuation during night conditions. Staff were facilitated to attend mandatory fire safety training and to

participate in a simulated emergency evacuation drill.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission and a comprehensive assessment was completed within 48hrs of their admission. This information informed the care plans to meet their needs. Staff used a variety of accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, social care needs and their mobility support needs. Residents' assessments and care plans were completed in consultation with them or with their families on their behalf. The inspector reviewed aspects of five residents' care plans and found that residents individual preferences and wishes were mostly captured and described in their care plans to guide staff with meeting their needs. While, residents were closely monitored for any deterioration in their health or wellbeing especially for signs of COVID-19 infection and measures were in place to prevent them contracting COVID-19 infection, a COVID-19 prevention care plan was not in place for most residents. Some residents choose to stay in their bedrooms and one resident was been cared for in their bedroom with precautionary isolation procedures in place. However, these residents risk of experiencing social isolation and their possible need for one-to-one interaction was not clearly assessed with a corresponding care plan to inform staff regarding the person centred interventions they must complete to ensure these residents' social needs were met.

There was evidence that residents' care plans were reviewed on a four monthly basis or more often if their needs changed. Records of consultations regarding these review meetings with residents or their families on their behalf were maintained.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' GPs continued to visit them in the centre as necessary without any delays. A physiotherapist was employed as part of the staff team by the provider and attended the centre on two days each week. Other allied health professional visits into the centre were reduced during the current pandemic and arrangements were in place where they were contacted remotely by staff as needed. They then made a decision whether instructions could be given remotely to staff or there was a need for them to attend the centre to review residents. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans developed or updated to meet their needs. Residents' medical reviews were completed and they had received their annual influenza

vaccine.

A chiropody service was available to residents and the chiropodist attended to the needs of residents on a different floor at each visit to the centre to mitigate risk of COVID-19 cross infection. Residents had access to community psychiatry of older age and palliative care services. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff.

Residents were supported to attend out-patient appointments as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were predisposed to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their physical or social or physical environment) due to their medical diagnosis. The inspector found that these residents were well supported and although, each had a care plan in place describing the most effective person-centred de-escalation strategies to support these residents through the behaviours were clearly described. Records were maintained of residents' episodes of responsive behaviours and this information supported staff with identifying triggers and de-escalation strategies and also provided detailed information to inform treatment plans. Residents had access to Psychiatry of later life to provide additional support.

There was evidence that the person in charge and staff were making efforts to minimise restrictions in the centre. However, in the absence of availability of alternative non-restrictive partial length bedrails, nine residents were using full length bedrails to enable them to change their position independently and also to allay their fear of falling out of bed. One resident had a full-length restrictive bedrail. Residents' safety using bedrails was assessed before they were put in place. Procedures were also in place to remove bedrails frequently throughout each 24 hour period to minimise restriction to these residents' independence.

Three stair gates were in place on the stairs to the first floor and into the mezzanine and second floor levels. These gates were secured by means of a key code electronic lock which the inspector was told were a safety measure and that residents who were able had knowledge of the code to open these gates. Risk assessments were completed to assess each residents' safety when using the stairs. Residents who were able had knowledge of the code to open the gates as they wished. However, stair gates were not consistently recognised as being restrictive to less able residents who needed assistance of staff to open the gates for them.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place, including an up-to-date policy to protect residents from suffering harm or abuse. Staff were facilitated to attend mandatory training on safeguarding residents from abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. All staff interactions with residents observed by the inspector were respectful, courteous and kind. Residents told the inspector that they felt safe and secure in the centre and that staff were always respectful towards them.

The provider was a pension agent for collection of two residents pensions. This money was deposited into a named account for each of these residents and their account was invoiced for their nursing home fee. Statements of residents' accounts were available to them. Where requested by residents, the provider held money in safekeeping for their day-to-day expenses. Receipts were filed securely detailing any purchases on behalf of residents. Residents had access to their money as they wished and all transactions were signed by the resident and a staff member. The inspector found that the balances of money in a sample of residents' accounts checked were correct

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with regarding the organisation and running of the centre with regular resident meetings. Minutes of the most recent residents' meeting held on 12 November 2020 were made available to the inspector. Residents were kept well informed regarding changes in the organisation of the centre and the rationale for ongoing measures in place to keep them safe during COVID-19. Staying safe during the COVID-19 pandemic was reiterated for residents at the residents' committee meeting forum and any questions residents had were answered. Progress with the new centre build was also discussed. Actions from the meeting were completed. For example, residents requested that the evening tea menu be reviewed with more meal options. This had been completed and more options were available. The person in charge told the inspector that this would be reviewed at the next meeting again to ensure residents were satisfied with changes made.

A member of staff had responsibility for facilitating residents' daily activities but all staff were involved with ensuring residents had their social needs met. An activity schedule was prepared and displayed. The schedule was informed by the interests and activity preferences of residents. Residents socially distanced for group activities in the sitting rooms and on the day of inspection residents were making

Christmas decorations. Some residents preferred to stay in their bedrooms and one resident was required to remain in their bedroom while precautionary isolation procedures were in place for them as they had returned to the centre from hospital. Although, residents one-to-one activity needs were not clearly assessed, staff ensured they had meaningful things to do. For example, one resident was listening to her music on a CD player and some other residents spent time reading books and the newspapers. Records of the activities residents participated in were documented and provided evidence that they were supported to enjoy some meaningful activities every day to ensure their interests and capabilities were catered for.

Residents were facilitated to exercise their civil, political and religious rights. A mass was recently celebrated for residents by a local priest from the enclosed garden and residents participated in a daily rosary prayer. The Church of Ireland minister was available to visit residents in the centre as requested. Residents confirmed to the inspector that their choices were respected. Residents' right to refuse treatment or care interventions were respected. Staff sought permission from residents before undertaking any care tasks.

Staff respected residents' privacy and dignity by closing screen curtains around their beds in twin and three bedded bedrooms and closing all bedroom, toilet and shower doors during residents' personal care procedures. Staff were observed knocking on bedroom and bathroom doors before entering. Privacy locks were fitted on bathroom doors for residents' use as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0030765

Date of inspection: 02/12/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have a recruitment process in place and additional nurses are expected by the end of January 2021. In the meantime, we have seconded 2 nurses and acquired an agency nurse to support our staffing of the home in the interim- Our staffing levels are in line with the Statement of Purpose. Staffing level are constantly under review and staffing in Melview compares favorably with national norms. A universally recognised staffing tool is used to aid staffing. This tool takes cognisance of the cognitive and physical needs of our residents. Complete 28/02/21</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The cleanliness of the centre is tested on a regular basis, by an Industrial Chemist, using an ATP cleaning verification system. All tests to date conclusively demonstrate that the centre is cleaned to the highest hygiene standards. Completed and ongoing All cleaning practices will be supervised daily by the PIC and or nurse in charge. A weekly Covid specific environmental and infection control supervision audit is completed by the PIC. Completed and ongoing An External audit will be completed by the Quality Manager or the IPC lead on a regular basis, Completed and ongoing Findings from all audits throughout the year will be analysed as part of the Annual review (32D) and a Quality Improvement Plan will be developed. 28/02/21.</p>	

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>Though none of our residents have raised issues of social isolation, we will review our activities programme and ensure there is further time allocated to any resident who would like additional one to one activities. We will also review our activities during the weekend, previously this would have been covered by external providers of entertainment and music etc. The residents annual satisfaction surveys for the last 2 years have not raised this as an issue. Findings from the residents surveys and meetings throughout the year will be analysed as part of the Annual review (32D) and a Quality Improvement Plan will be developed. 28/02/21.</p> <p>Our preparedness plan has been tested twice so far this year on 22/11/2020 and 07/12/2020 when we submitted NF02's. Staff followed the plan well, but in future we will document clearly the learning.</p> <p>Nursing has been addressed under Regulation 15 Staffing. Rosters will be reviewed at regular intervals and as the Pandemic evolves.</p> <p>Our Group Infection Control lead currently completes regular audits of the home. She is currently reviewing the audit tool as a priority to ensure that it is comprehensive 31/01/2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance will address all areas referred to in the report – walls, lift and bathrooms. A second handrail will be fitted to toilets to assist residents. Completed 15/01/2021.</p> <p>However, a lot of the issues raised will be superseded by the opening of the new building. Room space for residents' belongings will also be addressed at this time.</p> <p>Lift instructions will be clear and put in place both inside and outside the lift – immediate.</p> <p>While some areas are in need of repair these will be addressed in first quarter of 2021 when new building is completed. 31/03/2021</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

All sluice rooms now have key coded access. Completed

Fabric furniture will be replaced on an ongoing basis, the remaining furniture is included in cleaning schedules, Cleaning procedures are in place for fabric as per our policies and procedures.. Completed and ongoing

Social distancing arrangements for residents in sharing rooms have being reviewed. Completed

We are currently reviewing the need for a second nurses' station to support two teams of nurses; this will be a temporary solution until the new build is complete.

The laundry layout will be addressed when the new building is complete 31/03/2021

Additional storage will be provided for PPE to make it more accessible to staff.

With higher than usual use of the lift (moving PPE around the premises etc), the sides are becoming soiled sooner than is usual for normal operations. As these surfaces are not high touch surfaces, they are deep cleaned on a weekly basis and can be soiled or damaged prior to the beginning of the cleaning cycle. Daily observation of same. Completed and ongoing.

Parts of the wall and floor surfaces in a communal bathroom will be repaired before 28/02/2021. National Hospitals Office, Cleaning Manual – Acute Hospitals page 17: states that direct spread of micro-organisms from floors, walls, ceilings, fittings etc. is not likely. The vinyl surface can be cleaned adequately using a microfibre cloth as outlined in our policies and procedures – staff alerted to re-alerted to same. Completed and ongoing

Alternative arrangements are made for boxes on floor that do not pose an obstacle to cleaning. Completed and ongoing

Additional advisory signage regarding COVID-19 transmission precautions posted in suitable locations. Completed and ongoing

Toilet roll dispensers will be changed before 31/03/2021.

Hand hygiene sinks for staff use in several areas were very small and did not have mixer taps. Will be upgraded by 31/03/2021.

Measures to minimize the crossover of separate staff teams will be documented in our contingency plan.10th January

Any additional maintenance/IPC issues will be addressed when new building opens. 31/03/2021.

Social distancing arrangements for residents in twin bedrooms has been reviewed ensuring they are supported to maintain a social distance of two meters while seated in assistive chairs in twin bedrooms and in the sitting rooms. Completed and continuously under review

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Cold seals on doors that are painted over will be repaired. March 2021

A floor plan identifying compartment boundary will be displayed at fire alarm panel. For completion by 30/01/2021

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents have a schedule of activities pertinent to their needs. This will now be clearly documented in each individual care plan. The documentation will have a particular focus on residents wishing to spend their time in their room at their own request and will record our one-to-one interactions and interventions. Completed by 10/01/21</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A risk assessment for the safety gates was already contained within the live risk register. The gates will also be added to the NF39 in the next quarter 31/01/2021.</p> <p>A number of residents have been risk assessed and have knowledge of code to open gates. Completed</p> <p>The use of full-length bed rails has been reviewed and residents who are assessed as suitable for alternative non-restrictive practices have been offered alternatives. Completed</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	28/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/03/2021

	provide premises which conform to the matters set out in Schedule 6.			
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.	Substantially Compliant	Yellow	28/02/2021
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.	Substantially Compliant	Yellow	31/01/2021
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	31/03/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	31/03/2021

	means of escape, building fabric and building services.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/01/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	10/01/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/01/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	31/01/2021

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
--	---	--	--	--