



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Innis Ree
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyleague, Lanesborough, Roscommon
Type of inspection:	Unannounced
Date of inspection:	25 January 2023
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0038038

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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 25 January 2023	09:15hrs to 18:30hrs	Michael Dunne	Lead
Wednesday 25 January 2023	09:15hrs to 18:30hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Inspectors spoke with over 20% of residents during the inspection. Overall, the inspectors found that residents were content living in the designated centre. Staff were observed to be kind and responsive to residents' needs. Interactions between staff and residents were meaningful and unhurried. Although some actions were needed to bring the premises into compliance with the regulations, the centre environment was homely and welcoming.

Upon inspectors' unannounced arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with the person in charge, the inspectors spent time walking through the centre where they met and spoke with residents as they prepared for the day.

The inspectors found that there was a cheerful and welcoming atmosphere in the centre. As inspectors walked around the centre they observed that some residents were relaxing in their bedrooms and in the communal areas. A number of residents stopped to speak to inspectors as they made their way to a morning mass service which was taking place in the centre. Overall feedback from residents was positive regarding the quality of life and the services that were provided. Residents told the inspectors that they were content living in the centre and felt that their needs were met. Inspectors heard comments such as 'they do all they can for you' and 'the carers get you anything you need'. A number of residents informed the inspectors that they hadn't been on an outing since they had come to live at the centre and they expressed that this was something they would like to do.

Sonas Nursing Home Innis Ree is a purpose-built single-storey building that can accommodate a maximum of 58 residents. The centre provides long term care and respite care for both male and female adults with a range of dependencies and needs. There were 52 residents living in the centre on the day of inspection. Residents' accommodation was arranged in single and twin bedrooms which were located within four areas of the centre. Bedrooms were spacious and equipped to promote independence with, a fridge and laundry facilities in each room. Residents were supported to do their own laundry if they wished to do so. Large items of linen and bedding were laundered in the laundry rooms located on site. Bedrooms each had their own en-suite and shower. Inspectors observed that some resident bedrooms were personalised items of personal significance such as photos, ornaments and soft furnishings.

Handrails were in place along both sides of all corridors and in communal and en-suite bathrooms to enable residents to mobilise safely throughout the centre. As inspectors walked throughout the centre, they noted that residents were well groomed and appropriately dressed.

The inspectors observed a number of sitting rooms which were spacious and tastefully decorated. These rooms were in constant use by residents throughout the day of the inspection. The dining areas were clean and well-designed to meet the needs of the residents.

The maintenance systems that were in place required improvement as the inspectors found that a number of areas of the premises were not well maintained. Furthermore, some items of resident mobility equipment were not kept in a good state of repair, such as bed rails and seating. This was a repeat finding from the previous inspection.

There were a number of designated storage rooms in the centre, however the segregation of supplies in these rooms was not effective and inspectors observed that items were not organised and stored appropriately to ensure that good standards for infection prevention and control were maintained.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was displayed and residents were facilitated to engage in activities of their choice. Inspectors were informed that the provider had recruited an activity coordinator since the last inspection. It was evident to the inspectors and from a review of records, that the activities coordinator was engaging with the residents in order to develop a programme of activities which was in line with their preferences and capabilities. Inspectors observed that there were a number of group and individual activities provided throughout the day. Residents enjoyed an afternoon of music and exercise and they were encouraged and supported to participate. The inspectors also spoke to a number of residents who chose to spend time independently in their rooms or walking in the garden and they confirmed that this was their preference.

There was evidence of information displayed throughout the centre guiding and informing residents about on-site and local activities as well as community services that were available. Advocacy services were also available to support residents and the contact details for these services were advertised in the designated centre.

Inspectors attended a resident meal service and found that residents were in receipt of appropriate and timely support to enjoy their meal. Residents who required assistance with their eating and drinking were supported in a dignified manner by the staff supervising the meal service. Residents were provided with a choice of main meal and could also access alternative food should they not like what was on the menu. Inspectors observed that there was a selection of snacks and refreshments available for residents throughout the day. There were water dispensers available in the designated centre to promote good hydration.

Inspectors observed that staff wore face masks during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along all corridors for staff use. Discussions with staff confirmed that they had received training in effective infection prevention and control measures.

Visitors were observed coming and going throughout the day of the inspection. It

was clear the visiting arrangements were flexible and residents were observed meeting with their loved ones in communal areas as well as their own bedrooms.

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

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also focused on the registered providers actions to address non-compliance's with the regulations found on previous inspections. Systems in place to monitor the quality of the service did not always identify gaps which would ensure that the service provided is safe, appropriate, consistent and effectively monitored.

A number of substantial and non-compliance's were found in relation to the safe storage of resident records and contracts for the provision of services which are recurring non-compliance. In addition actions are needed to ensure that there is sufficient oversight of records relating to staff training and development. Details of additional non-compliances found on this inspection are described under the relevant Regulations and under the theme of quality and safety.

There were however, a number of actions carried out by the registered provider since the last inspection which improved the quality of life for residents living in the centre, these actions are discussed under the relevant regulations relating to staffing, information for residents and residents' rights.

The registered provider for this centre is Sonas Nursing Homes Management Co.Limited. There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of a person in charge who had been recently recruited to this role and met the requirements of the regulations as set out under Regulation 14. They were supported by two clinical nurse managers, by a regional quality manager and a quality and governance director. The remainder of the staff team consists of staff nurses, health care assistants, household, catering, maintenance and administration staff. At the time of this inspection the registered provider was in the process of recruiting, three multi-task attendants, a household supervisor, a part-time recreational therapist and a kitchen assistant.

The inspectors found that there were appropriate numbers of nursing and care staff to meet the assessed needs of the residents. Inspector's noted that the registered provider had recruited an activity co-ordinator and part-time physiotherapist since the last inspection and this improved residents access to both meaningful activities and to clinical support regarding residents mobility requirements. Staff confirmed

that they were well-supported by the management team and that they had opportunities to raise issues in relation to residents and their work routines. A review of team meetings indicated that relevant issues were discussed and recorded and that there were effective communication systems in place between the staff and management team. Staff confirmed that this was a nice centre to work in and that they had access to regular training.

In discussions with the inspectors, a number of staff confirmed that they found mandatory training on infection prevention and control, fire safety and safeguarding useful in their day to day work, for example staff were able to describe the procedures they would follow to protect residents in the event of a fire activation and on what actions they would take if a resident raised a safeguarding concern. Although, there was a varied training programme in place which included access to both online and face to face training, a review of staff training records indicated gaps in the recording of staff that attended mandatory training. as a result the person in charge could not be assured that all staff were sufficiently trained to respond in a appropriate manner to incidents relating to fire, safeguarding or where residents needed support with their transfer. Training records which were not complete at the time of the inspection, were submitted for review post inspection and indicated significant number of both clinical and care staff had yet to complete their mandatory training requirements.

The provider had a range of management systems in place to ensure that the service provided was monitored and met the assessed needs of the residents. A system of audit was in place to monitor key areas of service provision such as falls, complaints, infections, restrictive practice and wounds. Regular team meetings were held with staff at local level and at governance meetings held with the provider where information gathered through the auditing process was reviewed. Findings on this inspection showed that management oversight systems and the auditing process required strengthening to ensure the service provided was safe and consistent. This is discussed in more detail under Regulation 23.

Complaints received by the provider were dealt with in accordance with the time lines indicated in their policy. Complaints were discussed at governance meetings with a view to learning lessons that would improve the quality of the service provided to all residents.

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations in terms of qualifications and experience. Residents were familiar with the person in charge and it was evident that they were involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there was a nurse on duty at all times in the centre. All gaps on the rosters were found to be covered where possible by internal resources or through agency cover. There were arrangements in place for out of hours management cover.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that a number of staff did not have access to mandatory training which included training on fire safety, moving and handling and safeguarding training. This was evidenced by:

- Training records showed significant numbers of existing staff had not received their refresher mandatory training in safeguarding, fire safety and manual handling training, in line with the time lines outlined in the centres own policy.
- A review of records submitted post inspection confirmed that three new staff had commenced in their role without having the required mandatory training completed.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors were not assured that information governance systems were adequate in the centre. This was evidenced by;

- Residents medical records were being stored in the male staff changing room in the centre. The inspectors found that the door to the changing room was not locked and the cabinet which contained the records was unsecured.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors were not assured that existing governance and management systems that were in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Infection prevention and control audits did not identify areas that required improvement such as the inappropriate storage of resident equipment such as mattresses, bed wedges being stored in closed proximity to non clinical items in store rooms and in laundry facilities.
- Current medication management oversight systems did not identify errors in the documentation of medication. Audits and key performance indicators (KPI's) which monitor the quality of the service provided did not identify this error.
- The monitoring and management of restrictive practices did not always ensure that residents were in receipt of the least restrictive practice for the least amount of time.
- The oversight of assessment and care planning practices did not identify the non compliant findings found on this inspection and addressed under Regulation 5. The oversight and management of risks was not robust. For example inspectors identified risks in relation to;
 1. Oxygen cylinders were being stored in a clean linen room. In addition there was no signage to alert staff and others that oxygen was stored in this area. This is addressed under Regulation 28.
 2. The smoking area did not contain a fire blanket and fire extinguisher. In addition the furniture in this area was not fire resistant. This is addressed under Regulation 28.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Records reviewed on inspection confirmed that resident's had a written contract with the provider which set out the terms and conditions of the placement. This contract described the services to be provided and whether the placement was funded under the nursing home support scheme or otherwise. All contracts reviewed were signed and indicated the type of accommodation being offered i.e single or shared room. There was also a service charge in place for the provision of activities and physiotherapy support and daily newspapers.

A schedule of additional fees which were chargeable for services such as chiropody, support from staff to attend hospital appointments was also in place. This schedule of fees required updating to reflect the current costs of prescription charges for medication issued under the medical card scheme as the contracts reviewed on

inspection displayed outdated costs.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

Residents' nursing, health care and social needs were, for the most part met to a satisfactory standard and residents' care was observed to be person-centred. Overall, residents rights were respected and there was evidence residents were offered choice in their daily routines, and were consulted about the quality of the service in resident meetings. However, actions were found to be necessary to ensure residents' assessment and care documentation was of a standard that comprehensively informed their care and support needs. In addition, inspectors found that one resident had not been referred to specialist health care in line with their needs.

The inspectors reviewed a sample of residents files and there was evidence that the resident's needs were being assessed using validated tools. Assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. However, the inspectors found that the quality of information was inconsistent and assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described.

The general practitioner (GP) attended the centre twice weekly or more often if residents required review. Residents also had timely access to most allied health services and specialist input from the psychiatry of old age, a geriatrician and the palliative care team as and when required. However referrals to allied health care professionals such as occupational therapists were not always made in a timely manner. This meant that a resident may not have their needs met in a manner that ensured a positive health outcome and increased the risk of potential falls.

Medication management practices within the centre required improvement to ensure compliance with the centre's local policy and best practice. This is discussed in detail

under Regulation 29: Medicines and pharmaceutical services.

Throughout the day the inspectors observed residents being offered choice by the staff team. Residents were consulted about the choice of food they would like, clothes they wished to wear or what activities they would like to attend. The registered provider had installed a new call bell system in the centre which replaced the previous tanoi system which had the potential to impact on residents privacy and dignity. There was an annual review of the quality and safety of care delivered to residents in place for 2021. At the time of this inspection the registered provider was reviewing the results of the resident and families satisfaction survey in order to incorporate findings into the annual review for 2022. Although, residents' rights to choice, privacy and dignity were respected in the centre, provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

Residents at risk of experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported, behaviour support care plans did not provide sufficient detail to guide staff. While staff demonstrated commitment to reducing the use of restrictive practices within the centre, not all practices and procedures were in line with national restraint policy guidelines. This is discussed further under Regulation 8; Challenging Behaviours.

Infection prevention and control measures were in place and monitored by the senior management team. Whilst there was evidence of good practices in relation to infection control such as the appropriate use of personal protective equipment (PPE) and hand hygiene, further oversight was required in relation to storage of supplies and furniture. There was no system in place to segregate clinical and non clinical supplies which increased the risk of cross contamination. This is discussed further under Regulation 27: Infection Control.

The inspectors observed that a number of resident bedrooms and laundry facilities required upgrade. The registered provider was working towards improving facilities and there was a programme of refurbishment in progress. The registered provider had incorporated these upgrades into an improvement plan and developed a schedule of works for all of these works to be completed. There was insufficient storage facilities in this centre which impacted negatively on the quality of the service provided.

The provider had installed a kitchen shutter over the serving hatch which was linked to the fire alarm system. Overall fire safety precautions had improved and inspectors did not find any evidence of fire doors being wedged open on this inspection. However the provider needed to take actions to ensure that all staff were provided with training in fire safety. In addition the management team in the centre needed to carry out a review of residents smoking requirements to ensure that any associated risks were being managed effectively to keep residents safe.

Measures were in place to safeguard residents from abuse and residents confirmed

they felt safe in the centre, however the inspectors found that not staff had not completed mandatory safe-guarding training. This is discussed in more detail under Regulation 16.

Residents were facilitated to practice their religious beliefs. There was a small oratory in the centre which was available for resident use. Mass was held on a weekly basis. Local parish priests also attended to offer the sacrament of the sick, as per residents' wishes. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Agenda items included recruitment, complaints, food and activities. Residents had access to local and national newspapers, television and radio.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 and other infections.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

At the time of this inspection there were 52 residents living in the centre. The majority of residents were accommodated in single en-suite rooms, there was also two en-suite twin rooms available. A review of the premises found that there was insufficient storage available in the designated centre in line with Schedule 6 of the regulations, this included

- The non segregation of clinical and non clinical items found in store rooms and in the laundry facilities,
- Items stored in the male changing room which included resident equipment, unsecured resident records, glass jars, televisions.
- Bottles of chemical cleaning products were observed to be stored openly on top of cleaning trolleys as there was no lockable storage units attached to the trolley.
- Oxygen cylinders were being stored in a clean linen room, furthermore there was no warning sign indicating that oxygen was being stored in this room.

The current maintenance programme did not ensure that equipment for use by

residents was in good working order. This was evidenced by:

- A bed rail was broken off a bed in a resident bedroom.
- A leather covered chair in use by a resident was torn and in need of repair.
- Paintwork was damaged and missing on a small number of wall surfaces in resident bedrooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had updated their residents information brochure. This document now clearly set out a summary of the services and facilities available in the designated centre. In addition, the document also set out the procedure for dealing with complaints and the arrangement for visits. A summary of the terms and conditions relating to residence in the designated centre was also included.

Judgment: Compliant

Regulation 26: Risk management

A review of the risk management policy found that it contained all the detail required under Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not adequately address risks associated with the transmission of health care-associated infections. For example:

- The hand hygiene sinks in the sluice rooms and laundry rooms did not comply with current recommended specifications for hand hygiene sinks.
- While residents had individual hoist slings, a number of slings were observed to be stored on hoists after use and not returned to the resident's room or a suitable storage area. This increased the risk of cross-contamination.
- A number of storage rooms were very cluttered and items were on the floor of these rooms, preventing it from being appropriately cleaned.
- A number crash mattresses which were stored in resident bedrooms were

observed to be unclean.

- The carpet surface in a resident bedroom was worn and visibly stained.
- Linen skips which contained incontinence waste and laundry were stored in a store room which contained clean supplies, this posed a risk of cross-contamination.
- The infrastructure and equipment within the laundry rooms did not support functional separation of the clean and dirty phases of the laundering process and as such posed a risk of cross contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions to ensure that those residents who chose to smoke were able to do so in a safe environment that protected them and other residents from the risk of fire. For example;

- The designated smoking area was missing a fire extinguisher and did not contain a fire blanket. This did not mitigate the risk of burn injury to vulnerable residents. In addition, the furniture in the smoking area was not flame retardant and there was no call bell system to alert staff in the event that a resident needed assistance.
- While the fire policy and procedure was advertised in the centre and known among the staff team, inspectors noted that a resident who was in breach of these procedures was not challenged when found to be smoking beside an internal exit leading to the garden area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- The inspectors reviewed the medication records and found that medications were not being transcribed in line with best practice professional guidelines and the centre's own medication management policy. In some instances medications were transcribed to a medication administration record (MAR), without cross referencing against a general medical script (GMS). Transcribing was undertaken by one nurse on a number of occasions and on one such occasion resulted in a documentation error. Transcribed medical administration records (MARS) did not always include date, time and route of administration.

- Medicinal products such as out-of-date eye-drops, were not segregated from other medicinal products which were in use.
- The inspector found that nursing staff were administering medicines for a number of residents without an up to date prescription, this posed a risk of medication error.
- Crushed medications had not been individually signed in the resident's medication record by the resident's general practitioner (GP). This is a repeated finding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the quality of the care plans was inconsistent. Some care plans described resident's care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. For example,

- Some care plans did not identify potential behavioural triggers or detail techniques to de-escalate the behaviour to ensure that these behaviours were managed and responded to in the least restrictive manner.
- Some falls prevention care plans did not detail the use of psychotropic medication as a potential contributory factor to resident falls.
- The information in some residents' care plans was not sufficiently detailed to direct staff regarding the appropriate care interventions for the resident. For example, some nutritional care plans lacked sufficient detail regarding the resident's individual food and drink preferences and although the established staff team were knowledgeable about each resident's preferences there was a risk that this information might not be communicated to staff who may be less familiar with residents' preferences and wishes.
- Recommendations from speech and language therapists were not consistently updated in some residents' care plans, therefore there was a risk that changes in dietary recommendations would not be effectively communicated and implemented.
- Some residents' assessments and care plans were not reviewed and update at four monthly intervals or in response to their changing needs. For example, a bed-rail risk assessment was not completed following an adverse incident which identified a change in the safety needs of the resident occupying the bed.

Judgment: Not compliant

Regulation 6: Health care

Inspectors were not assured that one resident with complex care needs had timely access to occupational therapy services where a seating assessment was required.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff however, the management of restraint required increased oversight to ensure it was used in accordance with local and national policy. For example:

- The inspectors found that there was inadequate monitoring of the use of restrictive practices in the centre and the restrictive practice register in place did not account for all residents living in the centre who had restrictive practices in place.
- Inspectors' were not assured that bed-rails safety checks were being carried out in line with national guidance. For example, the inspectors observed that half of an outer bed-rail was broken off a residents bed and the bed-rail was unsafe for resident use. There were no bed-rail safety checks available to view for this bedroom and the management team were unaware of this until it was brought to their attention by the inspectors. Furthermore, there were no bed safety checks available to view for most of the bed-rails that were in use in the centre.

Judgment: Not compliant

Regulation 8: Protection

Residents said that they felt safe and secure in the centre. There were systems in place to ensure that residents were protected from abuse and harm. A review of staff records confirmed that staff working in this centre had a Garda vetting disclosure in place before starting their role in the centre. There was a safeguarding policy and procedure in place which guided the actions required on behalf of the registered provider to protect residents in the event of a safeguarding concern. At the time of this inspection there were no residents requiring the registered provider to act as a pension agent for them.

The inspectors found that there was safeguarding training provided for the staff team, however the monitoring and oversight of this training was poor. Significant gaps were found in the provision of refresher training and for the provision of safeguarding training for new staff during their induction process, this is addressed

under Regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in one twin bedroom did not have access to their own television which did not afford residents' individual choice regarding their television viewing and listening.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0038038

Date of inspection: 25/01/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training needs analysis has been undertaken by the PIC. A revised training plan has been developed to ensure that all staff training is brought up to date in line with the regulatory requirements.</p> <p>All new staff mandatory training will be completed in advance of them commencing their rostered duty.</p> <p>The training matrix is reviewed weekly and this is reported to the Quality Manager. Both the PIC & the Quality Manager will ensure that all staff on-duty have received their mandatory training.</p> <p>Timeframe: 10th April 2023.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A review of storage within the center has been undertaken. A secure storage area has been identified within the center to appropriately store the residents records. The records have now been moved.</p> <p>Timeframe: Complete.</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>A review of storage within the center has been undertaken to ensure items are stored in an organised and appropriate manner whilst been cognisant of Infection Prevention & control requirements. Inappropriate storage has now been removed to designated appropriate areas.</p> <p>Timeframe: Complete.</p> <p>The PIC and the Quality Manager have discussed the findings from the inspection and from the audits with the nursing home team. All auditors will ensure that when they audit that they factor in all non-compliances which they find and not just those relating to the questions on the audit tools.</p> <p>Timeframe: Complete and ongoing.</p> <p>The home is currently moving to a computerized system for medication management. This system will enable swift monitoring both remotely and onsite of all medication management. This will significantly reduce the possibility of errors. The PIC and the home management team will monitor this weekly.</p> <p>Timeframe: Complete and ongoing.</p> <p>The use of restrictive practices within the home are reviewed as part of the weekly clinical management meetings. An initiative is currently underway in the home to reduce the use of bedrails and replace them with less restrictive measures such as half bedrails, low-low beds and crash mats. The PIC will re-educate staff in the safe use of restraints as outlined in the nursing home policy "SNH/109/04 The use of restrictive practices". This policy has also been re-issued to all staff.</p> <p>Timeframe: 30th April 2023</p> <p>Now that the computerised care planning system is fully operational the home management team will focus on the quality of the content. Each resident has a named nurse who has responsibility for ensuring that their assessments and care plans are up-to-date and accurate. The PIC is required to report on this to the Quality Manager in the weekly report. Compliance will be monitored remotely by the director of Quality & Governance.</p> <p>Timeframe: 30th May 2023</p> <p>The storage of oxygen within the center has been reviewed. A secure external Oxygen</p>	

<p>storage area has been created. Appropriate notification signage is displayed to alert Staff & others that there is oxygen stored there.</p> <p>Timeframe: Complete</p> <p>The recently installed smoking hut is now fully operationally and has a Fire Blanket, Fire Extinguisher, appropriate furniture and two call bell assistance points have been installed.</p> <p>Timeframe: Complete</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contracts of care will be updated to reflect the revised prescription charges in line with medications issued under the Medical Card Scheme.</p> <p>Timeframe: 20th March 2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC with support from the Maintenance Supervisor for the group and the Director of Facilities have further reviewed the storage requirements for the home and have agreed a storage management plan. An immediate "tidy-up" has been completed. Meetings with staff have taken place so that everyone is clear about where to store items appropriately. This will be supervised by the nurse in charge and the home management team on their daily walkarounds.</p> <p>Timeframe: Complete.</p> <p>Items stored in the male changing room which included resident equipment, unsecured resident records, glass jars and televisions have been removed and are now stored appropriately in designated storage areas.</p> <p>Timeframe: Complete.</p>	

New cleaning trolleys have been sourced which contain a locked compartment for the safe storage of chemicals.

Timeframe: Complete.

The storage of oxygen within the center has been reviewed. A secure external Oxygen storage area has been created. Appropriate notification signage is displayed to alert Staff & others that there is oxygen stored there.

Timeframe: Complete.

The allocated maintenance resources have been revised with an increase in the weekly hours now allocated. A schedule of works to address the maintenance issues has been compiled.

- A bed rail was broken off a bed in a resident bedroom – removed and repaired.
- A leather covered chair in use by a resident was torn and in need of repair – removed and replaced.
- Paintwork was damaged and missing on a small number of wall surfaces in resident bedrooms – plan in place and has commenced.

Timeframe: Complete and ongoing.

The maintenance supervisor has commenced quarterly audits and these will ensure compliance with the continuous improvement plan. This plan is inclusive of the redecoration of residents bedrooms & communal areas and the appropriate replacement of furniture and equipment.

Timeframe: 30th August 2023

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

As part of the premises upgrading works hand hygiene sinks which comply with the current IPC specifications will be installed in the sluice and laundry rooms.

Timeframe: 30th June 2023.

All residents slings will be identifiable with a button labelling system indicating their room number on the hoist slings. Staff have been reminded to return slings to the residents bedrooms when not in use. This will be supervised by the nurse in charge.

Timeframe: Complete.

The PIC with support from the Maintenance supervisor for the group and the Director of

Facilities have further reviewed the storage requirements for the home and have agreed a storage management plan. An immediate "tidy-up" has been completed. Meetings with staff have taken place so that everyone is clear about where to store items appropriately. This will be supervised by the nurse in charge and the home management team on their daily walkarounds. All floors are free from items of storage and can be sufficiently cleaned.

Timeframe: Complete.

All Residents crash mats have now been cleaned and are now placed on a cleaning schedule and appropriately stored.

Time Frame: Complete.

The carpets are being replaced with vinyl polyflor as part of the continuous improvement plan. In the interim existing carpets are steam cleaned.

Timeframe: Continuous and ongoing.

The laundry rooms will be reviewed to ensure that equipment and processes support the separation of the clean and dirty areas.

Timeframe: Completed and ongoing.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The recently installed smoking hut is now fully operational and is identified as the residents smoking area onsite. A Fire Blanket, Fire Extinguisher, smoking area, appropriate furniture and two call bell assistance points have been installed.

Timeframe: Complete.

Fire safety has been discussed at the residents meetings and fire safety awareness has been highlighted with the nursing staff and they have been reminded to ensure that all residents and staff comply with the fire policy for the home.

Timeframe: Complete

Regulation 29: Medicines and	Substantially Compliant
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pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>As per local policy, transcription is not permitted except in exceptional circumstances. Where these circumstances apply, the transcription of a prescription will involve two registered nurses. One nurse to transcribe and a second nurse to independently verify the prescription which has been transcribed. This has been discussed with the nursing staff and transcription practices for non-exceptional circumstances has ceased. All MARs and Kardex now have the date, time and route documented. The policy has been re-issued to all nursing staff.</p> <p>Timeframe: Complete.</p> <p>The out-of-date medicinal products were immediately discarded. A subsequent full review of stock and storage arrangements for medications has been completed. Daily review from the nurse in charge and home management team will ensure that this practice is not repeated.</p> <p>Timeframe: Complete.</p> <p>All residents now have an up-to-date prescription. The PI has met with the pharmacy and the GPs to ensure that residents will have up-to-date prescriptions at all times.</p> <p>Timeframe: Complete.</p> <p>A review of the crushed medications has been undertaken. The GPs have been requested to sign for each crushed medications. The nursing staff have been met with and reminded that they are not permitted to administer crushed medications if they have not been signed by the GP.</p> <p>Timeframe: 20th March 2023.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The nursing home has recently completed a large project which involved moving the residents records from a paper based system to a computerised system. Phase one is now complete. Phase two requires that all care plans are improved so that they are person-centred. A plan is in place with completion and review timeframes for this phase of the project.</p>	

All residents with responsive behaviours have had their care plans prioritised for review and now identify potential behavioural triggers and detail techniques to de-escalate the behaviour.

All residents at risk of a fall have had their falls prevention care plans reviewed and where relevant the risk of the use of psychotropic medication has been reviewed and considered as a potential contributory factor to resident falls.

The team are working dilligently on recording all of the individual preferences of the residents including their nutritional needs and likes and dislikes.

A system is now in place so that recommendations from speech and language therapists are consistently updated in residents' care plans. This system involves the PICs weekly review and the requirement to report this to the Quality Manager through the weely report.

The named nurse for each resident has been met with by the PIC and the four monthly review plan has been clarified so that all reviews and updates to the residents assessments and care plans will occur within the required timeframes. As part of the PIC weekly report to the Quality Manager, the PIC will review all residents care plans where changes have occurred in their needs and will ensure that the appropriate assessments ad care plans have been reviewed and updated. This will be monitored remotely by the Quality Manager and the Director fo Quality & Governance.

Timeframe: 30th. April 2023

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A review of the residents needs as identified on the day of inspection has been undertaken. A seating assessment has been undertaken and an appropriate specialised chair has been ordered.

Timeframe: Complete.

Regulation 7: Managing behaviour that is challenging

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A full review of the use of restrictive practices has been undertaken. An initiative is currently underway in the home to reduce the use of bedrails and replace them with less restrictive measures such as half bed rails, low-low beds and crash mats.

The PIC will re-educate staff in the safe use of restrictive practices. All staff have been re-familiarised with the bedrail safety check and adherence to this is monitored by the nurse in charge. Bedrail safety is now discussed at all team huddles. The restrictive practice register is now up-to-date. The broken bedrail was removed immediately. The maintenance supervisor has reviewed all bedrails as part of the quarterly environmental audit.

Timeframe: 31st. March 2023

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: There are now 2 televisions available in the twin bedroom. All residents have their own television.

Timeframe: 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	10/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	10/03/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/05/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	20/03/2023
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	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	13/03/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Substantially Compliant	Yellow	13/03/2023

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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	20/03/2023
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 be stored in a secure manner,	Substantially Compliant	Yellow	25/01/2023

	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 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).	Not Compliant	Orange	30/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/04/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Substantially Compliant	Yellow	13/03/2023

	available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/03/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	10/03/2023