



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 July 2022
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0034983

About the designated centre

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

Sonas Nursing Home Moyridge is situated on the River Moy next to the salmon ridge in the town of Ballina. It was opened in 1998. It is situated a short walk from the town and its local shops and amenities. The centre can accommodate 44 residents in a mixture of single or twin bedrooms and had made application to the Chief Inspector to increase the centre's occupancy to 55 residents. Accommodation is organized over two floors. The first floor accommodation is accessed by a passenger lift. Communal areas comprise of two lounges, a dining room a visitors/meeting room and a smoking room. There is an enclosed garden area to the rear of the building and a pleasant front courtyard which overlooks the river Moy and provides parking for visitors. The centre provides long term and respite care for adults with a range of dependencies including physical dependencies, end of life care and cognitive impairment including dementia type conditions. Sonas Nursing Home Moyridge is committed to providing residents with person centred care in a home from home environment. The centre's documentation states that residents will be treated as individuals and will be given every opportunity to to be fully involved with their care and encouraged to lead as active a lifestyle as they choose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Friday 22 July 2022	09:00hrs to 16:15hrs	Catherine Rose Connolly Gargan	Lead
Friday 22 July 2022	09:00hrs to 16:15hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Overall, feedback from residents was positive regarding their lived experiences in Sonas Nursing Home Moyridge. The inspectors found that there was a welcoming and upbeat atmosphere in the centre and for the most part, the centre's environment was homely and comfortable. Residents were very complimentary regarding the kindness and support they received from the person in charge, other members of the local management team and the staff. Residents and staff knew each other well and residents were content and relaxed in their environment. All staff interactions with residents observed by the inspectors throughout the day were respectful and kind.

Sonas Nursing Home Moyridge is located on an elevated site overlooking the River Moy in the centre of the town of Ballina. Some residents told the inspectors that they lived in the local area before coming to live in the centre and were happy that they were able to continue living in an area and community they were familiar with. Residents' communal rooms were located to the front of the centre which provided residents with opportunity to enjoy panoramic views of the river and the fishermen fishing interested a number of the residents. Inspectors were told that there was a local tradition of gifting the first salmon caught in the season to the centre.

Residents' bedroom accommodation was arranged over two floors. The ground floor provided accommodation for 38 residents in 13 twin bedrooms, five of which have full en suite facilities (Each two of four of these twin bedrooms have shared shower, toilet and wash basin facilities) and eight twin bedrooms have en suite toilet and wash basin facilities only. Twelve single bedrooms are also provided on the ground floor, five of which have full en suite facilities and each two of four of these single bedrooms share a shower, toilet and wash basin. Three twin bedrooms have an en suite toilet and wash basin. The first floor provides accommodation for 17 residents in 15 single and one twin bedroom, the twin bedroom has an en suite toilet and wash basin and all the single bedrooms have full en suite facilities. There were sufficient communal shower and toilet facilities within reasonably close proximity to the bedroom that did not have a shower facility. Residents' dining/sitting room accommodation was conveniently located and two spacious communal sitting/dining rooms were available on the ground floor and one sitting/dining room was available on the first floor. The provision of three communal sitting/dining rooms also gave residents choice regarding where they wished to rest and relax during the day. A spacious new mechanical lift was recently installed to ensure residents could access both floors with ease.

While walking around the centre, the inspectors observed that there was some storage of residents' assistive equipment in the same storage areas as supplies of items such as incontinence wear and cleaning wipes. This was not appropriate segregation of stored items and created a risk of cross infection.

The inspectors observed that many of the residents' bedrooms were personalised

but some residents did not have adequate surface space to display these personal items close by them and where they could see them easily. Residents in one bedroom were using the service trunking behind the head of their beds to fix their photographs and greeting cards. Residents had adequate storage space in their bedrooms for their clothes and the layout of the bedrooms supported residents with maintaining control of their clothing and to relax in a chair by their beds if they wished to do so.

There was an activities schedule in place and residents were supported to participate in social activities that interested them. On the day of inspection the centre was preparing for a fun day and were expecting several residents' families and friends to join them. The residents chatted among each other and residents who had developed friendships were facilitated to sit together. The inspectors observed that residents less able were given assistance to participate in the group activities that they enjoyed. There were enough staff available in the sitting rooms in use on the ground floor to support residents to join in the fun. The inspectors observed that residents who needed high levels of support and who were more comfortable in a quieter environment were facilitated to rest in the second sitting room. These residents were appropriately supervised and supported by staff to engage in one-to-one activities.

The outdoors was being developed for residents' enjoyment and one door from the centre led to a secret garden with outdoor seating on a paved area in the garden. This area provided residents with a tranquil and relaxing space. The residents also had access to a courtyard area that was decorated with interesting memorabilia, flowers and shrubs.

Residents who spoke with the inspectors said that staff were 'very kind' and responsive to their needs, living in the centre 'was a good experience' and they 'wanted for nothing'. This feedback supported the inspector's observations of staff and resident interactions on the day. Residents told the inspectors that the food was 'restaurant standard', 'delicious' and the standard of the food was 'hard to beat'. Residents confirmed that they could have an alternative meal to the menu offered if they wished and were offered a variety of snacks and drinks outside of their regular mealtimes. There was adequate numbers of staff to support the residents during meal times and residents needing assistance with their meals were discretely supported by staff.

Inspectors observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. Residents told the inspectors that they felt safe and secure in the centre.

The new extension to the premises was vacant on the day of inspection but residents were encouraged to view the new rooms and to express their wishes if they wished to move to one of them rooms when they were registered. Handrails were available along all the corridors which residents were observed using to navigate their way around the centre on the day of the inspection. While, this equipment helped residents to maintain their safety and independence, inspectors observed that access to some handrails was prevented by the location of battery

units against them. The inspector observed that residents who required assistance with mobilising were supported by staff. Call bells were available by each resident's bed, in en-suites and in the communal toilets and showers to assist residents with seeking staff assistance if required. The inspectors observed that hand rails to support residents' independence were not in place in some toilets and showers.

Inspectors observed that parts of the older premises and some residents' bedframes were in need of painting as paint was chipped and missing. One corridor in the older part of the premises had carpet floor covering which was very stained. There was also a persistent malodour in this corridor. The inspectors observed that this was referenced and an area of dissatisfaction by complainants. While, the inspectors were told that a plan was in place to replace this floor covering with one that was easily cleaned, this was not completed at the time of this inspection.

Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of their care or the service provided. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced risk inspection was completed in response to an application by to vary the centre's conditions of registration further to completion of a new two story extension. The provider reduced two twin bedrooms to single occupancy and overall occupancy in the centre reduced to 44 residents since the last inspection in October 2021. This ensured that the provider met a restrictive condition requiring compliance with Regulation 17 on the centre's registration. Prior to this inspection the provider had made an application to register 11 new single bedrooms with full en-suite facilities located over two floors in anew extension to the rear of the building. The new extension also provides a new kitchen, catering facilities, sluice room, hair dressing salon, laundry, staff and storage facilities on the ground floor. In addition to new bedrooms, the first floor extension provides a spacious communal sitting room, sluice room, toilet, staff and storage facilities. A new mechanical lift was installed to facilitate residents, staff and others with access between the floors.

Inspectors followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that the provider had implemented satisfactory improvements to bring the centre into compliance with the regulations. Inspectors found that actions to bring Regulations 17, Premises, 27, Infection Control and 28, Fire precautions into compliance were progressed but further actions by the provider were found to be necessary to bring

the centre into full compliance as discussed under these regulations in this report.

Inspectors also followed up on notification and unsolicited information received regarding poor standards of nursing care, staff shortages and supervision of residents. This information was not substantiated on this inspection.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Moyridge. The person in charge of the centre has worked in this role since February 2017 and their experience and qualifications meets regulatory requirements. The person in charge is supported by a quality and governance coordinator and a quality manager who also provide clinical oversight and support to a number of other designated centres operated by the provider. On a day-to-day basis, the person in charge was supported with managing the centre by an assistant person in charge and a clinical nurse manager. The inspectors were informed that the provider intends to recruit a second clinical nurse manager on increasing the maximum occupancy of the centre to 55 residents. This clinical management structure ensured clinical leadership, support for staff and that a senior member of staff was available over seven days in the centre to support staff with any issues that arose and to answer any queries from residents or their families.

There were systems in place to monitor the quality and safety of the service with evidence of progression of quality improvements including actions to enhance residents' quality of life in the centre. Key areas of the quality and safety of the service were regularly reviewed and for the most part, where the need for improvements was identified these were being progressed and implemented. However, the findings of this inspection showed that actions were required to improve management and oversight of fire safety risks and the maintenance of the premises.

There was adequate numbers and skill mix of staff available on this inspection to meet the assessed needs of residents. Staff who spoke with the inspectors and the inspectors' observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles. Staff were facilitated to attend mandatory and professional development training and staff were well supervised to ensure residents' needs were met to a good standard.

Records were maintained in the centre as required.

Procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy and timeframes. The complaints process was accessible, easy to understand and included an appeals process. Residents' feedback was valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents for 2021.

Arrangements for recording accidents and incidents involving residents in the centre were in place and these were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed

satisfactory Garda Vetting procedures. The provider was not an agent for collection of any residents' social welfare pensions.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills to meet residents assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding the residents' individual needs and residents and residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend up-to-date mandatory training including fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that all staff working in the centre had attended necessary training on infection prevention and control, hand hygiene and how to put on and take off Personal Protective Equipment (PPE) safely. Staff nurses had completed medication competency assessments.

The registered provider had effective systems in place for staff development and appropriate supervision according to their roles. An induction programme was completed by all new staff commencing work in the centre and assessment of their progress was completed at one month, three months and six months.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records including residents' documentation were stored securely in the centre.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the management systems that were in place did not ensure that residents and staff were adequately protected in the event of a fire in the designated centre. Notwithstanding some of the findings on this inspection related to the fire safety in the new extension not yet occupied by residents, the inspectors also found that fire safety non-compliances in the original premises posed a risk to residents' and staff living and working in these areas.

The provider did not make adequate resources available to ensure the premises was well maintained at all times. This is discussed further under Regulation 17.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider revised the centre's statement of purpose document to include the intended facilities and services to be provided following registration of the new extension and increased capacity in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents as specified by the regulations were notified within the required timescales including a quarterly incident report.

Judgment: Compliant

Regulation 34: Complaints procedure

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated without delay and the outcome was communicated to complainants. Inspectors found that the complaints records evidenced that agreed actions to address the issues raised were implemented. A centre-specific complaints policy was in place. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

There was evidence from review of the complaints received that the person in charge maintained good levels of communication with complainants and ensured

agreed actions were taken to resolve dissatisfaction expressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the last three years. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs and residents rights were respected. Care and supports were person-centred and informed by residents' needs, usual routines and individual preferences and wishes. Although there were measures in place to protect residents from risk of fire, this inspection found that a number of further actions were required to ensure that residents and staff were adequately protected. Actions were also required to bring the centre into compliance with Regulations 12, Personal Possessions, 17, Premises and 27, Infection Prevention and Control.

Fire precautions were assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building. The inspector noted good practices in relation to fire safety. For example, regular fire drills were taking place, and fire-fighting equipment was serviced and up to date. There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed fire safety management in the centre. The emergency light systems was serviced and up-to-date and emergency plan procedures were detailed. A fire safety program was robust, and checks of fire doors, fire-fighting equipment, means of escape and fire exits were all up-to-date. However, at the time of inspection, the registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The inspectors found uncertainty over fire-containment measures, visual deficiencies in the building fabric and fire doors, inadequate fire precautions, inappropriate location of combustible material along escape routes, and poor signage and contradictory floor plans which could lead to serious consequences for residents in an emergency. Details of the non-compliances found are discussed under Regulation 28.

The centre experienced COVID-19 infection outbreaks in December 2021 and March 2022 that affected residents and staff, however the designated centre did not have any COVID-19 detected residents or staff at the time of this inspection. While, improvements had been made to infection prevention and control measures in the centre, this inspection found that further actions were necessary to ensure residents were protected from infection and to bring the centre into compliance with the regulations. There were sufficient supplies of Personal Protective Equipment (PPE) and staff completed appropriate hand hygiene procedures. However, there were not adequate numbers of clinical hand hygiene sinks to support effective staff practices and storage of resident equipment and other items in the centre were not appropriately segregated. These findings are discussed further under Regulation 27 in this report.

Residents were provided with good standards of nursing care and timely health care to meet their clinical needs. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. This optimised their continued good health and well being. Residents' care plans were detailed and reflective of their individual preferences and wishes regarding their care and supports. Care plans were regularly updated and residents or their families, on their behalf, were consulted with regarding any changes made.

Residents were encouraged and supported to personalise their bedrooms and the layout of residents' bedrooms met their individual needs. The provider had reduced two twin bedrooms to single occupancy and this action positively impacted on the space available to meet each residents' needs and the layout of these bedrooms. Communal areas were bright and comfortable and were well used by the residents on the day of the inspection. Actions by the provider were found to be necessary regarding maintenance in the centre to ensure residents' living environment was kept in a good state of repair and that effective cleaning could be achieved in all parts of the centre.

Residents' rights were respected in the centre and they had opportunities to engage in varied meaningful activities. Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues raised needing improvement were addressed. Residents had access to local and national newspapers and radios. Although residents had access to televisions, provision of one television in twin bedrooms did not enable residents to choose what they wanted to watch without impacting on the other resident accommodated in the room.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the

procedures in place were in line with the national restraint policy guidelines.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents access to their visitors was not restricted and they could meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents did not have a suitable shelf surface so that they could display their personal photographs in their bedrooms. For example, some residents were using the ledges of services trunking behind their beds as a surface to place their photographs on and to anchor their cards and pictures.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- There was insufficient storage for residents' equipment. For example, the inspectors observed that items of assistive equipment used for residents' transportation were being stored in the communal library area. This posed a risk to residents who entered this area to use the library facilities as they would need to navigate around the equipment to access the library shelves.
- Maintenance was necessary to ensure the centre and equipment was kept in a good state of repair. For example, paint was damaged/missing on a some wall surfaces, bedroom doors and door frames and on a number of residents' beds. This meant that these surfaces could not be effectively cleaned.
- The floor covering in bedroom number 6 was damaged and in need of replacement as it did not support effective cleaning.

Inspectors found that although storage facilities were available, storage was not segregated and there was storage of residents' supplies and items of residents' assistive equipment in some store rooms. This posed a risk of cross infection.

Although grab rails were in place on both sides of toilets used by residents to support their independence and safety, inspectors observed that there was only one grab rail in place in some toilets. A second handrail was all necessary in showers used by residents to promote their independence and safety.

Judgment: Substantially compliant

Regulation 27: Infection control

The following inspection findings required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Although a hand hygiene sink was available in the clinical room, it did not meet recommended specifications. While, one hand hygiene sink was available on corridor on each floor in the new premises extension, these sinks did not meet recommended clinical hand hygiene sink specifications. Hand hygiene sinks were not available to staff at point of care in the original part of the premises outside of residents' bedrooms, en suites and communal toilet facilities. This finding did not support effective hand hygiene.
- Storage of boxes of supplies on the floors in storage areas did not facilitate effective floor cleaning.
- Effective cleaning procedures for a fabric covered seating in communal areas and a carpet floor covering on a circulating corridor in the older part of the building were not in place. The carpet was heavily stained and therefore posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. For example:

- The inspectors observed hoist batteries were on charge in several protected corridors, which were used as protected means of escape to evacuate residents.
- An electrical power switch in the kitchen required signage to easily identify its purpose to staff in a fire situation.
- A staff canteen door was found to be wedged open on the day of the inspection.
- A fire blanket, located in a designated smoking room was undersized for its intended purpose, to douse a clothes fire.

- Storage arrangement throughout the centre were inappropriate and required a review by the provider. For example, a boiler room had inappropriate storage of flammable items, such as cardboard boxes and machines. Cardboard boxes were stored in the same room as an electrical communications unit and the inspector identified the storage of items in a protected staircase.
- Fire extinguishers contained within the kitchen were not fitted at the required height off the ground. An additional dry powder extinguisher was also required as gas was in use.

Means of escape in the centre required a review by the provider. For example,

- It was highlighted to the inspectors that during night time hours, staff would fit a temporary stair guard at the top of a staircase. This could delay the evacuation in the event of a fire emergency and could impede access to a means of escape from the first floor. This required review by the provider.
- A fire exit located in the kitchen had been blocked by a shelving unit. The inspector was informed that this fire exit was no longer required. However a fire exit emergency sign had not been removed from the fire exit and was indicated on the evacuation floor plans. This could cause confusion in the event of an evacuation.
- Curtains and blinds were noted to fully cover external fire exits. This could cause confusion for staff in the event of an evacuation and obscure external fire exits.

Inspectors were not assured that the emergency escape lighting, provided throughout the centre was adequate. For example,

- Adequate emergency lighting had not been installed externally to the building escape routes to the front of the building, to clearly illuminate the route at night time hours.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape. For example,

- While weekly checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of fire doors were of adequate extent, frequency and detail.
- The extent of daily check of escape routes requires review. Corridors on the ground floor were cluttered with trolleys, a baby basket and a high chair. Some items impeded fire doors from engaging with fire door closers in the event of the fire alarm activating. This was not documented in the in-house check of escape routes, and required a review to ensure clear means of escape and fire containment measures were maintained.

Arrangements for reviewing fire precautions required improvement by the provider. For example,

- A residents bedroom on the first floor was noted to be extremely cluttered by personal items and clothing. Extension power leads were overloaded with

plugs. This presented a potential fire risk.

From a review of the fire drill reports, the inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre with the staff and equipment resources available:

- While regular evacuation drills were being carried out, the inspector noted that staff had not carried out a drill in the new extension, in order to be familiar with the new layout and procedures to follow in the event of a fire emergency. The provider subsequently submitted fire evacuation drills for this area of the centre.

Arrangements for containment of fire in the centre required improvement by the provider. For example,

- The inspector was not assured of the likely fire performance of a selection of fire door sets and noted that a fire door assessment was required in this regard. The inspector noted, ironmongery was not suitable for some fire doors, gaps were noted on compartment doors, screws were missing from door hinges, fire doors seals were missing, doors were damaged and door closers were missing from a store room and a mop room door. The provider had stated that works to replace fire doors in the centre had been scheduled for the week after the inspection. Confirmation when works to all fire doors in the centre will be started and completed was required to be submitted.
- The inspectors noted attic access hatches were not fire rated in the existing centre.
- Confirmation was required for the fire rating of a Laundry door and a compartment door in compartment 10 (both in new extension) are FD60s rated doors. A compartment door was not closing fully in this area.
- The inspector was not assured by the fire rating of two sets of compartment doors in compartment four and six of the existing centre. Confirmation was required that both doors were FD60s rated doors.
- Fire doors in the new extension were missing fire rating tags, fire door signage, and holes needed to be filled in on a fire door at room 24 and at store room six, to ensure the fire integrity of the fire door.
- Fire stopping to areas of the centre was required to ensure the integrity of fire resistant construction. For example: cabling in a store room had breached a fire rated sealing and required sealing up. Furthermore in store room one, cables had breached a wall that also required sealing up.

Arrangements for detection in the designated centre were not fully implemented. For example:

- A store room on the first floor existing centre was missing a smoke detector.
- It was highlighted to the inspectors that the fire detection alarm system was replaced throughout. To provide assurances that the detection system was fully integrated and operational, the provider was required to submit the final certificate for the fire alarm system.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed. For example,

- Evacuation floor plans were not displayed at the fire panel on the first floor or in compartment three on the ground floor.
- Floor plans required updating, a fire exit that was no longer in use or accessible was indicated on the plans.
- Fire action plans for staff and resident were not easily distinguishable and were very similar. This could cause confusion for staff in a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, including risk assessment of falling, malnutrition, pressure related skin damage and assessment to ensure their safe mobility support needs among others. These assessments clearly informed residents' care plans which detailed each resident's care needs and the care interventions staff must complete to meet their needs. This information was person-centred and reflected each resident's usual routines and individual care preferences and wishes.

There were no residents with wounds on the day of this inspection and if needed, policies and procedures were in place to inform evidence based wound care.

Residents care plans were regularly updated and residents or their families on their behalf were consulted with regarding any changes made.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs) and residents are supported to retain the GP they attended before admission to the centre. An on-call medical service was accessible to residents out-of-hours if needed. Links with the community palliative care team were established and their expertise was being sought for care of residents receiving end-of-life care, as appropriate. Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments as scheduled.

Allied health professionals including dietician, speech and language therapy services,

psychiatry of older age and tissue viability specialists were accessible to residents as needed. A physiotherapist attended the centre one day each week and the person in charge informed inspectors that this service was being increased to three days each week due further to residents' wishes and due to the positive impact this regular service was having on residents' wellbeing and continued independence.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to by staff in a dignified and person-centred way. Inspectors were told that two residents in the centre experienced intermittent responsive behaviours. Behaviour support care plans were in place for both residents to inform most effective de-escalation techniques and ways to effectively respond to the behaviours.

There was a generally low level of restrictive full-length bed rail use in the centre and practices in place reflected the National Restraint Policy guidelines. Records showed that where bed rails were used, an assessment was completed which included a multidisciplinary approach with the resident's general practitioner (GP) and the physiotherapist. Alternatives to bed rails were trialled and there was evidence of good use of alternatives such as grab rails and low profile beds. Procedures were in place to ensure residents safety when this restrictive equipment was in use and to ensure that use was not prolonged.

Judgment: Compliant

Regulation 8: Protection

Protective measures were in place to ensure any incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While, resident's social activity needs were assessed and they had good access to a variety of meaningful and interesting individual and group activities, the activities some residents participated in and their level of engagement was not recorded. This meant that the service could not be fully assured that they were adequately meeting these residents interests and capacities.

Twin bedrooms had only one television which meant if occupied by two residents only one of the two residents could view and listen to programmes of their choosing.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0034983

Date of inspection: 22/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The fire management systems have been reviewed and a plan to address non compliances is in place to ensure that residents and staff were adequately protected in the event of a fire in the designated centre (this is outlined in Regulation 28 compliance plan) 01/12/2022.</p> <p>Fire safety non-compliances in the new extension and the original building have been reviewed and a plan is in place to protect residents' and staff living and working in these areas (this is outlined in Rgulation 28 compliance plan) 01/12/2022.</p> <p>A plan and a significant budget has been approved by the provider to replace the flooring in the original part of the premises, however we cannot activate this until the new rooms are registered in the extension. As soon as these rooms are registered the plan will be immediately activated.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A review of bedroom shelving and areas for residents to display their personal possessions has taken place in consultation with each resident and this will be addressed according to their expressed individual needs. Complete.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Storage of resident equipment has been reviewed and alternative storage has been identified which does not impact upon resident space. This includes appropriate segregation so that IPC can be maintained at all times. Complete.</p> <p>Handrails to support residents independence are now in place in all toilets and showers. Complete.</p> <p>A painting programme for bedframes, equipment and surfaces in the centre is in place as part of the annual continuous improvement plan. Ongoing.</p> <p>A plan and a significant budget has been approved by the provider to replace the flooring (including bedroom 6) in the original part of the premises, however we cannot activate this until the new rooms are registered in the extension. As soon as these rooms are registered the plan will be immediately activated.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The facilities and procurement departments are currently reviewing costings for replacement of the domestic handwashing sinks. This will be factored in to next years capex budget. In the interim we have risk assessed the use of the current sinks in the home. 31/01/2023.</p> <p>A cleaning schedule for any fabric covered seating in communal areas and the carpet floor covering on one circulating corridor in the original building is in place. Complete.</p> <p>Storage of boxes of supplies on the floors in storage areas were immediately removed and stock shelved. Complete.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Battery units have been relocated in order to maintain residents means of escape. Completed</p> <p>Signage is now in place on electrical power switch in kitchen. Complete.</p>	

Wedge removed from staff room door immediately and staff educated re. the zero tolerance for same. Complete.

Fire blanket in smoking room replaced with larger one 1.8m x 1.2 metres. Complete.

Storage in centre has been reviewed and inappropriate storage issue resolved. Complete.

Escape route at first floor level has been reviewed, temporary gate removed and plan to fit fire door. Same risk assessed. 01/11/2022.

Exit sign has been removed from exit door in kitchen as it is not a designated fire exit. Complete.

Curtain pole shortened for dress curtain. Complete.

Additional emergency lighting installed. Complete.

A review of fire door checks and escape routes has been completed and frequency and detail documented to ensure clear means of escape and fire containment. Complete and ongoing.

The resident residing in the Bedroom which was identified as cluttered is extremely attached to their belongings. We have worked with them on reducing the items they no longer require. Complete

The requirement for additional power points in bedrooms will be addressed. 01/12/2022.

Fire drills were carried out in the new extension on 23/07/2022 & 24/07/2022. Complete.

An assessment of all fire doors and attic hatches has been completed and a plan is in place to repair or replace identified defective doors and will be completed by 21/10/2022.

Laundry door has been replaced with 60 minute fire door. Complete.

Fire rating tags have been placed on all fire doors. Complete.

Breaches of fire stopping areas and missing smoke detector will be addressed. 30/09/2022.

Final certificate of fire detection system was submitted on 26/08/2022.

Evacuation floor plans on display have been updated and displayed to reflect the current evacuation procedure. Complete.

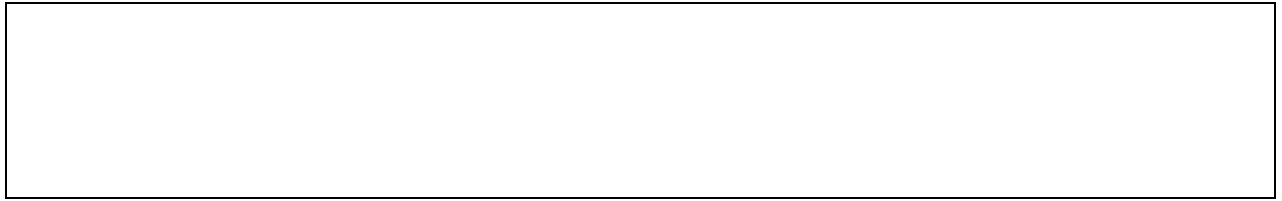
Revised Fire Action Plans on display. Complete.

Battery units have been relocated in order to maintain residents safety and independence. Complete

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: All resident's participating in activities and their level of engagement is now recorded. Complete.

As part of each residents pre-admission assessment and ongoing care plan their requirement for TV access will be assessed and the facility for same provided as per individual choice. Complete and ongoing.



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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	08/09/2022
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	30/11/2022
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	01/12/2022

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	01/12/2022
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	01/12/2022

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/09/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	08/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/12/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/09/2022
Regulation 28(3)	The person in charge shall	Not Compliant	Orange	08/09/2022

	ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	08/09/2022
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	08/09/2022