



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Unannounced
Date of inspection:	16 February 2021
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0031971

About the designated centre

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

Sonas Glendale Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with ensuite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 February 2021	10:30hrs to 18:30hrs	Mary O'Donnell	Lead

What residents told us and what inspectors observed

The unannounced inspection was carried out over one day. It was evident from observations on the day and from what residents told the inspector, that despite the restrictions imposed to keep residents safe during the COVID-19 pandemic, the residents had a good quality of life. They were provided with services as set out in the statement of purpose and they were supported to maintain their independence.

The inspector completed a walk about of the designated centre with a staff member and found that the premises was clean and laid out to meet the needs of the residents. The centre was a purpose built, single storey building which provided a range of communal spaces for the residents as well as single bedrooms which had full en-suite facilities. In some bedrooms the paintwork was peeling however, the inspector spoke with the decorators who were painting a corridor and who confirmed that they were on site to redecorate the whole place. The maintenance plan included repainting vacated rooms first, replacing carpets, dining chairs and seating which was worn or stained. The inspector saw that vacant rooms had been refurbished to a high standard.

The reception area was the largest communal room and had a number of seating areas but it was not used by residents, apart from one resident who spent the day there. Throughout the day many residents were seen to move freely around the centre. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The layout, contrasting colours and the signage in the centre helped to orientate residents so that they could move around the building independently.

There was a secure courtyard and a garden just off the dementia specific unit called Sophia's Garden, which residents freely accessed and enjoyed on the day. The outdoor areas were nicely laid out with seating, safe pathways and planting. The paving in the courtyard had a growth of moss and required attention. The courtyard had a sheltered smoking area and residents as well as staff who smoked there were seen to observe the social distance rules.

The centre had remained free of Covid-19 and had not experienced an outbreak at the time of the inspection. Two new residents had completed their period of precautionary isolation and a new resident was beginning their 14 days restricted movements in line with the Health Protection and Surveillance Centre guidance (Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). A resident who had returned from a stay in hospital was being cared for in their own single en-suite bedroom with enhanced infection prevention and control precautions. Rooms used for isolation had a clinical waste bin and a

drawer unit stocked with PPE outside the door. The inspector saw that there were hand sanitizers at the entrance to the centre on the corridors and in the communal areas.

The inspector saw that the bedrooms and communal areas were divided into two zones with separate staff allocated to each zone. Residents in one zone had two lounges and the use of a large dining room which facilitated social distancing. However, the other zone had one room called Doreen's Lounge, an open plan sitting-dining room, which was too crowded. Residents sat close together at the dining tables and five residents took their main meal in the sitting room without being able to maintain the required social distance. This presented a risk to the safety of both residents and staff.

The inspector met and chatted with most of the residents and interviewed four residents individually. Residents told the inspector that they were comfortable and they felt safe in the centre. Residents looked well groomed and relaxed. Some female residents said they were delighted that a staff member was doing their hair as the hairdresser was unable to come into the centre. They also enjoyed pamper days and manicures. Residents were satisfied with mealtimes and the drinks and food choices on offer. They said the staff were kind and there were enough staff on duty both day and night. The inspector observed that call bells were responded to promptly during the day.

There was a warm rapport between residents and staff and a relaxed and happy atmosphere was evident. The inspector observed the dining experience at lunch time and saw that tables were nicely set. Meal times were observed to be a social, unhurried experience and the inspector saw the food was appetising and well presented. Staff sat with residents and engaged socially while providing encouragement and assistance.

During the day, the inspector observed that staff who supervised in the sitting rooms, engaged with the residents and interacting socially with them. Residents had items such as reading material, knitting and decks of cards in their rooms, to ensure they were not bored. Residents in Sophia's Garden had an enable table to support them to engage in activities. Some residents had rummage boxes and one resident was enjoying doll therapy. Some residents said they enjoyed the exercise classes. Staff told the inspector that the physiotherapist who was on site four days a week facilitated exercise groups, which all the residents could attend. She also attended residents in their rooms to do passive exercises to prevent limb contractures. Most of the residents said they enjoyed music. The inspector saw musical instruments in the staff room, which staff said they played when they had a sing song with residents. The inspector did not see any organised group activities on the day. Some residents were seen to enjoy music programmes on television in the communal rooms. Residents told the inspector that the activities were important to them but there was a gap since one of the main activity staff member had left the centre. This meant that organised activities were not always available as witnessed by the inspector on the day. Most of the residents who spoke with the inspector said they found the day quite long and they missed having something to look forward to. One resident said she really missed weekly trips with family members and wondered if

those days would ever return.

Residents said they were actively encouraged to express their opinions and their choices were respected. They were pleased that feedback from their meetings was acted upon by staff and management. They planned the Christmas Party and organised a safe 'drive by' for birthdays or other special occasions. Feedback from the residents' satisfaction survey was positive and it informed service improvements such as menu suggestions for more salads and fresh fruit.

Residents told the inspector that through the residents meetings, they were updated regarding COVID-19. They were educated regarding hand hygiene and social distancing. One resident said they wore a mask initially but decided not to continue to wear one as it was uncomfortable. Residents were pleased that they were due to get their second vaccine later that week. The inspector noted that a couple of residents declined to take the vaccine and their wishes were respected. Residents said they had being listened to during the pandemic when they had been anxious about COVID-19 for themselves and their families. Residents told the inspectors how kind staff had been during the visiting restrictions and the measures staff had put into place to enable them to stay in touch with their families and friends. Residents said they were grateful for mobile phones, Skype and social media which they said helped them stay in contact with their families.

Overall the inspector found that the centre was a well managed with a strong focus on resident's welfare. Managers and staff worked hard to ensure that care was person centred and that residents and their families were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

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

Capacity and capability

The purpose of this inspection was to monitor compliance with the regulations and to follow up on unsolicited information received by the Authority. The inspector found that some of the issues raised were legitimate concerns which had already been addressed by management. A recent concern was being managed through the internal complaints process. Apart from improvements required in relation to infection prevention and control, there was no evidence to support concerns raised.

This was a well-managed centre with effective leadership and management in place which ensured the residents received high quality, person centred care and support to meet their assessed needs. There was a clearly defined management structure with lines of accountability identified by all staff. The provider had a number of designated centres. The senior management team had oversight of the service and

the quality manager supported the local management team.

The Person in Charge who was appointed in September 2020, demonstrated a good understanding of her role and responsibilities. She had a comprehensive knowledge of the residents, their health and their social care needs. The person in charge was supported in her role by the assistant director of nursing who deputised in her absence.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. Staffing and skill mix were appropriate to meet the needs of the residents. The creation of the assistant director of nursing post had strengthened the management team and two additional nurses were due to commence employment in March 2021. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

All staff were up to date with the mandatory training required by the regulations. Staff reported that they had good access to training and that they attended regular updates in infection prevention and control guidance. On site training was organised to augment the on line training provided for staff. There was clear evidence of governance meetings and regular staff meetings which ensured that everyone was provided with relevant information during the pandemic. The oversight of infection prevention and control in the centre required strengthening to ensure the safety of residents and staff.

Residents were consulted about the care and services that they received. Resident meetings were held and where suggestions were made these were followed up and used to inform continuous quality improvements. Residents said that they knew how to make a complaint and that if they had a concern they could talk to a member of staff. Residents told the inspectors they could make decisions about their daily life in the centre and could choose how they spent their day. Activities on offer and menus were reviewed regularly and amended to reflect feedback from residents. For example coffee as well as tea was offered after lunch and more fresh fruit and salads were now on offer.

Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day to day running of the service.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents both day and night. Staffing levels had increased during the pandemic. There was at least two registered nurses on duty at all times. An activity staff member had recently left the service and a replacement was due to commence employment. Normally unexpected leave was covered by part time staff. Rosters examined for the previous month showed that all except one shift was covered. The person in charge had arrangements in place to ensure there was dedicated staff to care for any resident who required isolation either as a result of returning from hospital or with suspected COVID-19 symptoms. There were additional hours in the housekeeping department to provide enhanced cleaning in the centre.

Communal areas were supervised at all times and staff were observed interacting with residents in a positive and meaningful way. Residents spoke positively about the staff. The inspector noted that call bells were responded to promptly and residents were offered assistance when they required it.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate mandatory training. The training matrix reviewed by the inspector confirmed that all staff had received training in safeguarding vulnerable adults, dementia and behaviours that challenge, manual handling and fire safety. Infection Prevention and Control (IPC) training included Donning and Doffing of personal protective equipment (PPE) and hand hygiene. All registered nurses had completed medication management training. The person in charge confirmed that the management team did spot checks to ensure that training was implemented in practice.

Housekeeping staff who spoke with the inspectors and demonstrated a good knowledge of infection prevention and control practices relevant to their work.

The person in charge informed inspectors that there is an induction system in place for new staff and all staff had a annual appraisal which informed additional training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines

of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including IPC, catering and health and safety. Audit reports provided evidence that improvement plans were developed and completed following these audits. The premises redecoration, staff training and care planning were areas prioritised for improvement in 2021. Data on key performance indicators such as, falls, wounds, complaints, staffing and dependencies were gathered, analysed and submitted to the senior management team weekly. The Quality Manager held regular meetings with the person in charge and attended the centre at least every month.

The provider and person in charge carried out an annual review of the quality and safety of care in 2020 which was available to staff and residents. The review included feedback from the residents satisfaction survey.

The person in charge had regular meetings with the clinical management team, with clinical staff and with ancillary staff. Minutes of these meetings included discussion all operational issues in the centre, roles and responsibilities, and disseminating information about audit findings and improvement plans. Compliments and any learning from complaints were also discussed. HPSC guidelines and the role out of the vaccinations in the centre were recent agenda items. The provider had organised for staff to access employee assistance services. Staff said that they were well supported in their work and that they were kept informed about any changes in relation to work practices relevant to their role. As a result staff were clear about what were expected of them and demonstrated accountability for their work. The Annual SONAS Values Award was presented to a staff member nominated for outstanding performance.

There were regular resident committee meetings where the residents discussed issues in relation to COVID-19 including visiting restrictions. The person in charge was a visible presence in the centre, she informed the inspector that she did a walk-about three times daily to monitor the service and ensure she was available to meet with residents if they had any concerns.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector examined four contracts for the provision of services in the centre. The contracts were signed by the resident or their representative. On the previous inspection, the personal contribution to the overall fee to be paid by residents in receipt of the 'Fair Deal Scheme' was not stated. The contracts had been revised to include the residents personal contribution but in the sample reviewed two residents who had signed the older version had not been provided with the revised contracts.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose at the centre but it required revision to include the newly created assistant director of nursing post and the revised deputising arrangements if the person in charge was absent.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in line with the requirements of Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in the centre. Residents who spoke with the inspector said that they felt able to raise an issue with staff if they were not happy about any aspects of their care.

The complaints policy was displayed in prominent position in the foyer of the centre. The person in charge was responsible for responding to complaints. Complaints were recorded and managed in line with the centre's own policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies and procedures were available for the inspector to review. Key policies such as the infection prevention and control policy, risk management policy, end of life policy and the admission, transfer and discharge policy had been updated in line with COVID-19 guidance. Staff had been trained on all revised policies apart from the admissions, transfer and discharge policy which had just been completed and was submitted to the inspector following the inspection.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and services were provided in line with their assessed needs. The inspector found that care was person centred and residents were supported to make their own decisions. There was a culture of positive risk taking and professional assessments were undertaken to ensure that residents were competent to make informed decisions. Residents who had capacity were supported when they made decisions which involved some risk. For example when a resident who was on a minced moist diet expressed a wish to eat bread they were supported to do this following a speech and language assessment. Controls were in place to mitigate the risk and the resident wishes were respected.

Overall there were effective systems in place to ensure that residents received safe and appropriate care. However, some improvements were required in relation to infection prevention and control, care planning and activity provision. The person in charge had identified these areas for improvement in the annual review.

The staff team knew the residents well, including each residents' personal history and what was important in each resident's life. Families and friends were involved in residents' lives and weekly calls were organised to ensure that families were kept up to date. At the time of the inspection the provider had installed a visiting booth equipped with a perspex screen at the entrance. Visits were scheduled in line with the current restrictions and a member of staff was allocated to supervise visiting and to ensure that PPE was available and the visiting area was sanitized between visits. Staff also facilitated window visits and used mobile phones and social media platforms to support residents to stay in touch with their families.

Infection prevention and control (IPC) measures were in place. All staff had attended IPC training and those who spoke with the inspector were clear about what was expected of them in order to keep residents safe. Staff discussed measures were in place to reduce the risk of introducing the virus into the centre and containing the spread in the event of an outbreak. However, the inspector observed some practices which presented a risk to residents and staff, including overcrowding in the communal room in one zone.

The centre was clean and tidy. There were sufficient personal protective equipment (PPE) and wall mounted dispensers for hand sanitizer throughout the centre. Staff were observed performing good hand hygiene practices. Suitable arrangements were in place to isolate new residents or residents who returned from hospital and residents who displayed signs and symptoms of potential Covid-19 infection. The inspector observed that staff donned and doffed PPE correctly.

Household staff were familiarising themselves with new enhanced cleaning schedules introduced the day before the inspection. The staff who spoke with the

inspector were aware of the infection prevention and control procedures relevant to their role. Clean and dirty utility areas were available on each zone. Cleaning products were available and these were being used in line with the manufacturer's guidance. The provider had a plan in place to upgrade the system for dispensing cleaning chemicals when the current restrictions were lifted.

There was a dedicated laundry with clear segregation of clean and dirty items. The laundry staff member was knowledgeable about the work and the infection prevention and control standards that they were required to follow.

The centre had an up to date comprehensive risk management policy in place. There was an up to date risk register which identified and rated risks in the centre and the controls required to mitigate those risks. Overall the inspectors found that risk were being identified and that appropriate measures were put in place to mitigate risks and keep residents, visitors and staff safe. The inspector found evidence that clinical risks were well managed. Residents identified as at high risk of falling had care plans in place and they were reassessed following a fall. This included a physiotherapy assessment and a medication review. Care plans were in updated to include additional measures including sensor alarms and additional supervision. There was evidence of learning from incidents that occurred in the centre.

A comprehensive COVID -19 risk assessment was completed and there was a robust contingency plan in place with controls identified. There were protocols for active monitoring of staff and residents for early signs and symptoms of the virus.

Each resident had a care plan in place. The inspector reviewed a sample of care plans. Overall care plans were up to date and reflected each resident's needs. However not all residents had a care plan to meet their needs and care plans were not consistently reviewed every four months. This was a particular risk for two residents who had urinary catheters and had been hospitalised with urinary tract infections.

Residents had access to medical care and allied health care in line with their needs. Where required nursing staff contacted the resident's GP or a relevant practitioner. The management team had also linked with the local public health team to ensure they had access to specialist advice when creating their COVID-19 preparedness plan.

Residents had access to independent advocacy services, they were involved in the organisation and their views were respected. Up to 70% of residents attended resident meetings which took place every two months. The activity co-ordinator represented the views of those residents who did not attend the meetings. Records showed that residents raised ideas and suggestions during these meetings which were acted upon, such as planning the Christmas Party and organising safe drive by for families for birthdays or other special occasions. Feedback from the residents' satisfaction survey was positive and it informed service improvements such as menu suggestions for more salads and fresh fruit.

Regulation 11: Visits
<p>Visiting arrangements had been revised in line with HSPC guidance (Covid-19 guidance on visitations to Residential Care Facilities). In line with the guidance all visits within the centre had stopped except for visits on compassionate grounds. The inspector saw window visits on the day of inspection.</p>
Judgment: Compliant
Regulation 12: Personal possessions
<p>There were suitable arrangements for residents to have their clothes laundered and returned to them. The inspector noted that wardrobes were spacious and tidy. Residents had adequate storage space, including lockable storage for precious items.</p>
Judgment: Compliant
Regulation 13: End of life
<p>Records showed that residents had End of life care plans in place and these recorded the resident's preferences for place of care and types of treatments. Care plans also reflected the residents wishes should they contract COVID-19.</p>
Judgment: Compliant
Regulation 17: Premises
<p>The designated centre is a purpose built nursing home accommodating residents in 60 single rooms all of which had full ensuite facilities. Residents had access to a variety of communal rooms and an oratory and two secure outdoor areas. The centre was clean and well maintained.</p> <p>There was a maintenance programme to ensure the centre was maintained to a high standard. A team of decorators were working in the centre, painting the corridors. The inspector noted that many of the bedrooms had been refurbished. The decorators explained that as rooms were vacated they were</p>

redecorated. The plan was to replace carpets and redecorate all the bedrooms.

There was adequate equipment including assistive equipment for residents use. There were suitable arrangements for routine servicing of equipment.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious home cooked meals. There was a choice of menu at all mealtimes which had been revised based on feedback from residents.

The inspector observed that residents were offered snacks and a range of hot and cold drinks throughout the day.

The inspector observed the lunch time meal in both dining rooms and found that care staff available to assist one residents who needed additional support with their meal. Residents' weights were closely monitored and when required, interventions were implemented to ensure that residents' nutritional needs were met.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was a comprehensive policy in place to support the safe care of residents who were transferred to another care facility or who were discharged from the centre. This was updated recently in line with HSPC Guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

A sample of resident's records were reviewed. Records showed that on occasions where residents were transferred to hospital all relevant information about the resident was provided to the hospital.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy was revised in November 2020 and set out the risks identified in schedule 5.

There was a comprehensive risk register that was reviewed and updated regularly. This was a live document including both the clinical and environmental risks. The risk register had been updated to include the risks associated with COVID -19. Controls put in place included one staff member at a time in the staff changing room and only two staff allowed in the staff room to facilitate social distancing

There were arrangements in place for recording and investigating and learning from serious events involving residents.

The provider had a plan in place to respond to major incidents likely to cause disruption of services or serious damage to property.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that some residents were at risk of infection as a result of the provider failing to consistently implement the required infection prevention and control practices in order to promote safe care.

In particular the provider did not fully demonstrate compliance with Regulation 27 through the implementation of the National Standards for Infection Prevention and Control in Community Settings to include all relevant guidance such as that issued by the HPSC. For example:

- The centre was divided into two zones with separate staff, including household staff, in order to contain the spread of infection in the event of an outbreak. The inspector observed that residents on one side had access to three communal rooms including a large dining room however, residents on the other side only had access to one communal room. This space was too crowded to facilitate residents and staff to socially distance safely.
- Residents were provided with individual slings but the inspector observed that two hoist slings were resting on top of each other on the hoist after use. This created a risk of transmission of infection.
- The staff changing room had coats and jackets hung up on top of each other which created a risk of transmission of infection.
- There was no system to ensure and record that shared equipment was cleaned after use. The inspector saw that hoists were not cleaned between use and one hoist had rust and chipped enamel. It was not possible to clean this hoist to an acceptable standard.
- Some beds, bedrails and other furniture were worn and chipped and could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not formally reviewed within a four month period. A sample of care plans were examined and two care plans had not been reviewed since July 2020. The care plans in place did not reflect the residents' current condition or relevant care interventions.

Two residents did not have care plans for the management of their urinary catheters. In one case there was no evidence that the resident's catheter bag had not been changed since the catheter was changed over two months previously.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their general practitioner (GP) and records showed that residents were appropriately referred to relevant health and social care services in order to promote their health and wellbeing.

Residents had appropriate access to their GP. There was evidence that the GP had been in the centre the day before inspection and saw most of the residents. In addition, residents had access to an out of hours GP service, which was available 24 hours a day.

There was a physiotherapist on site four days a week. Residents also had access to occupational therapy, podiatry, dietetics, speech and language therapy and dental services if required. Residents were reviewed by a tissue viability specialist where required and specialist advice informed the care delivered

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded at least twice a day.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff identified 10 residents who might display 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). The

range of behaviours described ranged from exit seeking, refusing personal care, verbal and physical aggression. A sample of residents files were reviewed and all the residents had a comprehensive assessment of their needs in relation to these behaviours. Residents had a behavioural support plans in place which identified potential triggers for behaviours and any actions and therapies that best supported the resident to prevent a behaviour from escalating, as well as strategies to support a resident if a episode of responsive behaviour occurred.

All staff had received training in managing residents who might display responsive behaviours. Inspectors observed that staff demonstrated knowledge and skills to respond and manage responsive behaviours in a manner that was not restrictive. This included allocating staff on a one to one basis if they were needed to support a resident. There was documentary evidence that 15 minute checks were carried out in line with some residents care plans.

Residents had access to psychiatry of later life and prescribed medicines were reviewed regularly. The inspector found that restrictive practices or chemical restraint was not used to manage responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All staff had attended on-line training on safeguarding vulnerable adults. Staff who spoke with the inspector had watched a educational video and read the policy. They were aware of the signs of abuse and the requirement to report any concerns to a senior member of staff. However, some staff confused an episode of responsive behaviour with abuse. Staff required additional face-to-face training to consolidate their on-line learning.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Organised activities had been significantly reduced since a full-time activity co-ordinator left the service. The post had not been filled and the person who was trying to fill the role in the interim was also responsible for the reception desk, telephone calls, organising visits and replenishing PPE stocks. The inspector did not see evidence that organised activities took place, apart from exercise classes which the physiotherapist facilitated.

Judgment: Substantially compliant

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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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially 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	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0031971

Date of inspection: 16/02/2021

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts for the provision of services to the residents in Sonas Nursing Home, Tullow are currently in the process of being renewed and updated.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has now been updated and includes the recently appointed Assistant Person in Charge and enhanced deputizing arrangements	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The vaccination programme is now complete for staff and residents. Residents are now encouraged to dine in the dining rooms, whilst still maintaining pods as an IPC control measure. The residents are also encouraged to use the seating areas at reception and in Kate's lounge. Complete	

All residents have their own individual slings which are clearly marked. Staff have been reminded, instructed and supervised in relation to same.

Staff have been informed that hanging coats and jackets on top of each other is an infection control risk. Signage has been placed in the staff changing room to remind staff of same. The PIC and the nursing staff check compliance on their walkarounds throughout the day. Complete.

A cleaning checklist for shared equipment has commenced. A tagging system for clean and dirty equipment is now in use. Complete.

A new hoist has been requested from procurement Maintenance are presently looking at repairing or replacing all bed frames and furniture. New bedrails have been ordered and are in the process of being replaced. New tables and chairs have been ordered for both dining areas. New Queen Ann chairs have been ordered for the Dereen Lounge. Worn and chipped furniture will be disposed of accordingly. 30/04/2021.

Regulation 5: Individual assessment and care plan

Not Compliant

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

All residents now have care planning appropriate to their individual needs including care planning for the management of urinary catheters. Care plans have now been allocated to a named nurse who is responsible for ensuring care planning is up to date and reviewed as required. The PIC will remain vigilant in overseeing that care plans are updated. Further training for nurses delivered by an external expert took place on the 10/03/2021.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
A new interactive training platform was launched in the company on the 01/03/2021. This will be supplemented by onsite mentorship and supervision.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A full time activities coordinator has now been appointed. A meaningful and purposeful activities programme is being developed for all residents.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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		30/09/2021
Regulation 24(2)(d)	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 any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any	Substantially Compliant		30/09/2021

	other health entitlement.			
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	30/06/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/03/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/04/2021
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	Substantially Compliant	Yellow	30/04/2021

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/09/2021
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	30/04/2021