



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ard Na Greine
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Bothar na Cé, Enniscrone, Sligo
Type of inspection:	Unannounced
Date of inspection:	23 October 2023
Centre ID:	OSV-0005421
Fieldwork ID:	MON-0037632

## About the designated centre

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

Sonas Ard na Gréine is a purpose built nursing home providing 24-hour long term, convalescent and respite care for both male and female residents. The centre is situated in the town of Enniscrone, Co. Sligo. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within the care environment that promotes the health and well being of residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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
Monday 23 October 2023	09:05hrs to 18:00hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents were content with living in the designated centre and comfortable in the company of staff who were observed to be attentive to residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful throughout the day of this inspection.

Following an opening meeting with the person in charge and the CNMs the inspector commenced a tour of the premises which also gave them the opportunity to meet with residents and staff as they prepared for the day. The inspector observed that many residents were relaxing in the communal areas where activities were taking place. Other residents were observed spending time in their bedrooms, reading the local papers and listening to the radio.

Sonas Ard na Gréine is a purpose built two storey nursing home providing long term and respite care for both male and female residents. The centre is located on the outskirts of Enniscrone town, Co. Sligo. Residents' accommodation was provided in twin and single occupancy bedrooms located on the ground floor. The inspectors saw that some bedrooms were personalised, with items such as family pictures and soft furnishings. Residents told the inspectors that they were happy with their rooms and said they were comfortable, warm and cleaned on a regular basis. Resident's confirmed they were happy with the laundry service and commented that their clothes was returned to them

There were a variety of communal areas for residents to use consisting of two sitting rooms, a conservatory and an oratory. Inspectors observed that the sitting rooms were bright and spacious and were well used by residents throughout the day of the inspection. Corridors in the centre were wide and provided adequate space for walking. Inspectors observed that walls were decorated with brightly coloured artwork. Handrails were in place on both sides of all corridors to enable residents to mobilise in a safe manner.

Residents spoke positively about staff, and said that " staff would do anything for you". Other positive comments heard were 'they look after you well here'. It was evident from interactions that staff knew the residents' backgrounds and their assessed needs very well. Residents and visitors to the centre were observed chatting with staff and the atmosphere in the centre was relaxed and welcoming. The inspector spent periods of time in the communal areas, talking with residents and observing the positive interactions that took place.

There are two secure enclosed garden areas in this centre which had sufficient seating in place to meet the needs of the residents. Inspectors observed that these areas were well maintained and contained shrubs and flowers and sufficient seating

to support residents' comfort. Residents were able to access these areas independently.

The inspector observed a resident meal service and found the dining room was spacious and well furnished with sufficient numbers of tables and chairs available for residents to use. All tables were set with cutlery, menu's and glasses. The dining experience was observed to be unhurried and meal times were well organised to ensure sufficient staff were available to support residents to enjoy their meal. The inspector observed that a choice of meals were offered, options available on the day consisted of bacon and cabbage or lamb stew. Meals appeared nutritious and appetising. Residents commented positively about the quality and variety of food provided in the centre and confirmed that they could get an alternative dish to those on offer if they wished. The options available at teatime consisted of chicken goujons, salads and a selection of sandwiches.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was displayed and residents were facilitated to engage in activities of their choice. Information was located in various locations throughout the centre guiding and informing residents about activities and services available. Walls were decorated with artwork and photographs of residents and staff enjoying previous social events in the centre.

The inspector observed residents participating in activities such as ball games, group exercises and quizzes. Residents were encouraged and supported to engage in these activities and it was evident that residents were engaged and enjoying the social interactions. The inspector met and spoke to a number of residents who were spending time independently in their rooms and they expressed that this was their preference. Residents confirmed that staff visit them in their rooms and support them follow their own individual routines.

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 was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement.

The inspector found that overall, the provider had implemented the majority of their compliance plan arising from the last inspection in October 2022 and these actions had brought a number of regulations back into compliance. These improvements

included the appointment of a person in charge, regular oversight of the directory of residents and the updating of the designated centre's complaints procedure.

There were some areas of the service where recurring non-compliant and sub compliant findings were identified. These particular findings are described in more detail under the relevant regulations relating to staffing, governance and management, and records. This was an unannounced inspection carried out to review the registered provider's compliance with the Regulations and to follow up on actions they had agreed to implement in order to achieve compliance arising from the inspection carried out in October 2022.

The designated centre is operated by Sonas Asset Holdings Limited. There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of the person in charge, two clinical nurse managers (CNM) and a quality manager who attends the centre one day per week. A team of staff nurses, health care assistants, household, catering, maintenance and administration staff made up the full complement of staff. The appointment of the person in charge since the last inspection improved the local management structure and provided stability across the service.

There was a statement of purpose prepared by the registered provider however in discussions with the management team and a review of this document it was clear that the numbers of staff employed and their whole time equivalents (WTE) were not accurately reflected in the document. The registered provider submitted a revised version of the statement of purpose post inspection to correct this document.

On balance there were improvements found in the management of records since the last inspection however not all records were accurate or complete. The inspector found that there was insufficient numbers of nursing staff available to cover staff absences and planned leave. A review of the centre's rosters confirmed that both the clinical nurse managers and the person in charge were covering nursing absences. This practice was found on the previous inspection and impacted on the number of hours available for the staff in leadership and management positions to oversee and manage the service.

Furthermore the inspector was informed that they committed to providing two staff nurses to work at night, however a review of the staff rosters confirmed that there was only one staff nurse covering the hours of 8pm until 8am. The inspectors were assured that the provider had recruited two nursing staff and both of these staff members were under induction at the time of this inspection with one allocated to the day shift and one allocated to the night shift.

Records confirmed that there was an ongoing training programme for staff provided in this centre. All staff had received their mandatory training in line with the designated centres training policy and it was evident in discussions with staff, that they were able to use the knowledge gained to enhance their day to day work with residents. There was also a well organised induction programme in place which

ensured that new staff were provided with the necessary information to commence their respective roles.

There were a number of systems in place to monitor the quality of the service provided which included a regular auditing schedule and oversight by the local and regional management team. The majority of these systems were effective in identifying areas of the service that functioned effectively or required improvement, however, the oversight of residents' contracts required improvement to ensure all resident contracts were compliant with the regulations.

While there were systems in place to identify and mitigate risk, the inspector identified a number of risks on this inspection which had not been identified and as such the provider did not have a risk assessment in place to minimise or eliminate their impact of the safety of the service. These findings are described in more detail under Regulation 23, governance and management.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. Six complaints were recorded since the last inspection and there was one complaint which was still open at the time of this inspection. All other complaints were observed to be resolved within the specified timescale as outlined in the centre's complaints policy. The provider was keen to learn from complaints and to identify patterns that may impact on the quality of the service provided.

#### Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required by the regulations. They were actively involved in the governance, operational management and administration of the service.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector was not assured that the provider had the required numbers and skill mix of staff available to meet the assessed needs of the residents, this was evidenced by,

- A review of staff rosters confirmed that managers were routinely covering nursing staff absences. This was a repeated finding from the previous inspection.
- Only one staff nurse was available at night to provide clinical care to 47 residents., Although the inspector was informed that additional nursing staff had been recruited to ensure there would be two staff nurses on night duty



going forward these vacancies had not been covered at the time of this inspection.

Judgment: Not compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector in the centre confirmed that staff had completed a selection of online and in-house training activities. All staff had completed their mandatory training in moving and handling, fire safety and safeguarding training.

Two members of staff who recently joined the company were in the process of completing their induction and had already completed their mandatory training requirements.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents in the designated centre was maintained by the registered provider and was made available for inspectors to review. The directory of residents detailed all the information regarding each resident as required by the regulations.

Judgment: Compliant

### Regulation 21: Records

A number of records that were made available for inspector's to review required improvement in terms of accuracy and completeness, these included,

- Rosters did not include the time spent in the centre by the Quality Manager.
- Records relating to incidents that occurred in the centre did not give a complete overview of how incidents were managed.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Current systems failed to ensure that resident contracts were maintained in line with Regulation 24.  
There were examples of poor appreciation of risk. For example the inspector found the door to one of the sluice rooms was left unlocked. In addition the door to one of the nurse's stations which was under repair was unsecured whilst the office was unattended.
- The oversight of records relating to fire door checks was not adequate as it did not identify fire doors that were not closing properly.
- Chemicals used to maintain hygiene in the centre were found unsecured on a cleaning trolley.

The provider did not ensure that there were sufficient nursing resources available to provide care and services in line with the centre's statement of purpose and their own compliance plan from the previous inspection in October 2022.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed records in relation to contracts for the provision of services and found that a number of actions were required to ensure that these records were transparent and accurate, for example:

- There were five contracts for the provision of services which did not contain any signatures by the registered provider or by the resident or their representatives.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which was available for inspectors to review, however this document required updating to reflect an

accurate description of the numbers of staff available in the designated centre and their individual roles,

The whole time equivalents (this is the number of staff who would be employed if all staff were employed on a full-time basis) for staff were not clear due to the roles of housekeeping, catering and laundry services combined as a single WTE.

The WTE of staff assigned to the roles of physiotherapy, and recreational support were incorrect.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed complaints in line with the centre's complaints policy.

Judgment: Compliant

### Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their individual choices. There was evidence that residents were in receipt of regular support to maintain their assessed health and social care needs. All residents who expressed a view said that they felt safe and secure living in the designated centre.

While the provider was found to have carried out a number of actions to come back into compliance with the regulations, there were areas of the service where increased oversight was required to ensure the service was safe, appropriate, consistent and effectively monitored. These areas are discussed in more detail under the relevant regulations relating to fire precautions, premises, the assessment of risk and protection.

Restrictive practices were well-managed and were reviewed on a regular basis by the management team. The inspector found residents had unrestricted access to the garden areas and could choose to access these areas independently.

There were systems in place to promote the protection of residents from abuse. A review of Schedule 2 records confirmed that staff were garda vetted prior to commencing employment in the designated centre. Analysis of staff records confirmed full compliance with safeguarding training. The inspector spoke with a number of staff and found they were aware of the centre's safeguarding policy and all spoken with were confident that they could use this policy to protect residents from abuse.

While there were arrangements in place to monitor and safeguard residents finances, which included a well-organised system to manage residents day-to-day expenditure, the provider had failed to ensure that the arrangements in place for managing resident's pension accounts were in line with the department of social protection guidance. Post inspection the provider confirmed that they have put arrangements in place to ensure that these resident welfare payments will be lodged in a separate account to that of the registered provider in line with the guidance.

The centre had an up to date fire register which included a record of fire drills and the regular testing of the fire alarm system. All staff were found to have attended fire training and were knowledgeable of what to do in the event of a fire emergency. The centre's fire panel was operating without fault and there was regular inspection of the centre's fire system by trained fire engineers. Although fire equipment had been regularly serviced, two extinguishers did not contain the dates of the last quarterly check. The provider was unsure if this equipment had been checked and that the issue was solely an administrative error. The provider agreed to contact the centre's fire engineers to confirm that these extinguishers had been checked during the last quarterly inspection, and to ensure that they would function properly if they were used to extinguish a fire.

Resident feedback was obtained at meetings which were convened regularly. Residents were supported to exercise their religious rights. Religious services were provided and promoted for residents of different faiths living in the designated centre, and observed to be managed in line with the national guidelines. There was a varied programme of group activities provided which residents appeared to enjoy. There were arrangements in place for one to one support for residents who wished to remain in their rooms or who preferred this type of activity support.

Overall, the premises was clean and well maintained. The inspector observed that the provider had implemented the actions it had agreed to take in their compliance plan which included a residents toilet and shower reverted to its original function. Despite, the centre being well maintained there were some areas of the centre that required repair and are described under Regulation 17.

There was good oversight of infection prevention and control practices in the designated centre. There were audits in place to regularly monitor the centre's effectiveness in maintaining an infection free environment. This included simulated

outbreaks to test the centre's preparedness plans in managing these outbreaks effectively.

### Regulation 17: Premises

A review of the premises confirmed that the centre was well-maintained however the inspector noted that a section of ceiling tiles required redecoration and repair as they were cracked and stained.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. Known risks were well-managed and appropriate controls were identified to either remove or reduce the identified risk.

However, the inspector found a number of risks in the centre which had not been identified or assessed and had the potential to cause harm to residents. These findings are addressed under Regulation 23, governance and management.

Judgment: Compliant

### Regulation 27: Infection control

On the day of inspection there was evidence of infection prevention and control measures in place. There was access to hand washing facilities, hand sanitizers and personal protective equipment.

An infection control contingency plan had been recently updated and was available for implementation in the event of an infection outbreak. Daily cleaning checklists were in place and completed by housekeeping staff.

The layout of the laundry facility ensured the appropriate segregation of clean and soiled clothing and linen. Sluicing facilities were in place but the inspector found that one of the two sluicing facilities was not in use as the bedpan washers was not working and required repair. The provider had submitted a maintenance request for

this machine to be repaired and were waiting for the engineers to attend and repair the sluicing machine.

Judgment: Compliant

### Regulation 28: Fire precautions

While the provider had made significant improvements in relation to fire safety arrangements in the centre, inspectors found that the registered provider did not make adequate arrangements in respect of the following:

- The inspector observed that a compartment fire door did not fully close, this compromised its effectiveness to prevent the spread of fire and smoke in the event of a fire emergency.
- A number of resident bedroom doors were also found to not close fully when the release mechanism was triggered.
- Two fire extinguishers did not display the date of the last quarterly fire extinguisher inspection.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff were experienced and knowledgeable in the management of residents who presented with responsive behaviours. On the day the inspector observed interactions between staff and residents and found that staff were able to use de-escalation and distraction techniques effectively manage potentially risky situations.

Staff were respectful and empathetic to these resident and provided reassurance to reduce the responsive behaviours being expressed by these residents.

Judgment: Compliant

### Regulation 8: Protection

While there were policies and procedures in place to ensure residents were protected from abuse, the inspector found that the provider was acting as a pension agent for two residents living in the designated centre but had failed to ensure that these residents' social protection benefits were paid into a separate bank account to that of the registered provider.

Communication received from the provider post inspection confirmed that arrangements were being put in place to ensure the appropriate separation of resident's welfare benefits and the financial arrangements of the Registered Provider.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There were arrangements in place for residents to participate in group activities or to follow their own individual interests and hobbies. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the provider and residents regarding the quality of the service provided.

Arrangements for how residents accessed advocacy services were advertised throughout the designated centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Sonas Nursing Home Ard Na Greine OSV-0005421

Inspection ID: MON-0037632

Date of inspection: 23/10/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            An extensive nurse recruitment campaign was undertaken by Sonas Nursing Homes in 2023. Unfortunately, due to delays with the VISA office, we experienced significant delays in the onboarding of our new nurses and this in turn delayed their commencement dates. This impacted Sonas Ard na Greine and on some occasions the clinical nurse managers were rostered to work nursing shifts. On the day of the inspection, two nurses had commenced their induction training. These nurses have since completed their induction period and are now part of the nursing compliment. An additional nurse has also been recruited since the day of the inspection and has completed the induction period. In addition to the PIC, the clinical nurse managers now have supernumerary management hours each week. There are 2 nurses rostered for night duty.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            It varies from week to week when the Quality Manager visits the centre as this is dependent upon the clinical &amp; operational needs for that week. For enhanced governance some visits by the Quality Manager are unannounced. The governance roster for the Quality Manager is maintained by the Director of Quality &amp; Governance in the support office. In addition, the Quality Manager will be added to the home management roster on the day the visit takes place.</p> <p>All incidents are reported to the Director of Quality &amp; Governance &amp; the Quality Manager via the weekly PIC report. The Director of Quality &amp; Governance and the Quality Manager review all incidents reported and support the PIC in analysing the data and</p>	

implementing any quality improvements identified. Furthermore, all incidents are comprehensively reviewed and triangulated each quarter.

Our current incident report form is under review.

The updated form will include a section for the PIC to document any quality improvement initiatives that have been identified as a result of the incident/learning or actions required. These are already documented in the quarterly triangulation but will also now be added to each specific incident report.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

All contracts have now been signed by the registered provider.

The PIC is committed to ensuring that risk is well managed in the home. A daily safety pause is held each day where education is provided to staff on the risks in the home and reminders re. the controls in place - i.e. that all sluice doors must be closed. This has now been added to the IPC Nurse daily check list. The PIC and the home management team conduct a minimum of 3 walkarounds a day to ensure compliance with the policies and procedures in place. The Quality Manager also conducts a minimum of 3 walkaround on each visit.

The new nurses station door was installed the day before the inspection and was not fully completed – a live risk was in place on the risk register which identified this. The door is now fully installed and a key pad lock is in place.

All fire doors have been serviced and are working correctly. Refresher training in records pertaining to fire safety has been provided to the Fire Warden. The PIC will ensure the records are checked and completed weekly on the fire doors. The Director of Quality & Governance, RPR and Quality Manager will review these records when onsite.

The housekeeping team have been provided with refresher training from our chemicals service provider, on the correct & safe storage of chemicals. The PIC and home management team will monitor this adherence daily.

An extensive nurse recruitment campaign was undertaken by Sonas Nursing Homes in 2023. Unfortunately, due to delays with the VISA office, we experienced significant delays in the onboarding of our new nurses and this in turn delayed their commencement dates. This impacted Sonas Ard na Greine and on some occasions the clinical nurse managers were rostered to work nursing shifts. On the day of the inspection, two nurses had commenced their induction training. These nurses have since

completed their induction period and are now part of the nursing compliment. An additional nurse has also been recruited since the day of the inspection and has completed the induction period. In addition to the PIC, the clinical nurse managers now have supernumerary management hours each week. There are 2 nurses rostered for night duty.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
All contracts have now been signed by the registered provider.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
The SOP was updated and submitted to the Chief Inspector subsequent to the inspection.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
The ceiling tiles have been repaired and replaced.

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

All fire doors have been serviced and are working correctly, inclusive of the compartment door which was not closing properly and the bedrooms doors which did not close fully when the release mechanism was triggered. The 2 fire extinguishers now display their most recent date of service.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
The two residents have been referred to SAGE advocacy who are supporting them with setting up their own personal bank accounts. Once this is completed the residents pensions will be paid directly into their own personal accounts and Sonas Ard Na Greine will no longer act as a pension agent.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	21/12/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/12/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	01/03/2023

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	21/12/2023
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	21/12/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	21/12/2023

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.	Substantially Compliant	Yellow	21/12/2023
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.	Substantially Compliant	Yellow	21/12/2023
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	21/12/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/01/2024