



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Athlone
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Cloghanboy, Ballymahon Road, Athlone, Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0032238

About the designated centre

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

Sonas Nursing Home is a purpose-built facility registered to provide residential care to 58 residents, both male and female, over the age of 18 years. It provides care on a long term, respite and convalescent care basis.

The centre provides care to residents with chronic illness, mental health illness including dementia type illness and those requiring end of life care.

Residents are accommodated over two floors. There are 56 single and one twin bedroom all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

Sonas Nursing Home is situated on the outskirts of Athlone town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Thursday 10 June 2021	08:30hrs to 17:00hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Residents living in the centre were supported and encouraged to live a good quality of life and were observed to be happy and content in the designated centre. The inspector spoke with more than nine residents and three visitors on the day of inspection and was assured that there was a very high level of satisfaction with the care and service they received and that their rights were respected. There was good evidence to show that residents received a high standard of quality care, however some improvements were needed to ensure residents' safety was maximised from a fire management, premises and infection control perspective. Nevertheless, the inspector found that the provider was responsive to the findings of inspection and committed to improve the service for the benefit of the residents living there.

Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. The inspector observed interactions between the staff and residents throughout the day and found that they were warm, respectful, person-centred and empowering. A number of residents requested to speak with the inspector to ensure their voices were heard and to convey what it was like living in the centre. One resident credited the staff with their successful recovery from COVID-19 and described the strange times in isolation when staff, dressed like astronauts, appeared as soon as they called for assistance. Other residents wanted to acknowledge the dedication and excellent care they received from every single member of the staff; they praised staff's professionalism, compassion and kindness and emphasised that living in the centre was being part of a special community of people who cared for each other and went beyond their duties to ensure they were happy.

Some residents described how all team members, regardless of their role, shared the same values of person-centredness, paid attention to the little details and worked as one to ensure they provided an 'excellent and superb service'. For example, the nursing staff helped the resident tend to their flowers in their room when they were unable to do so, and the catering staff fed the birds outside their bedroom window. Other residents shared similar experiences of how they were enabled to lead independent lives, where their daily choices and preferences were respected, including their refusals.

There was a sense of purpose and wellbeing in the designated centre. Residents were observed engaged in meaningful activities throughout the day and they all said they were happy with the daily activities programme. Most residents were excited with the resumption of Mass service and the inspector observed good participation with approximately 20 resident attending the service on the day while respecting social distancing guidelines. In the afternoon, residents and staff were observed decorating the main lobby area for the planned mock wedding that was due to take place at the end of the week. Residents were really looking forward to it and described to the inspector how they had attended the hen/stag night parties earlier that week and now were preparing for the big event. Residents were excited to

dress up for the occasion, with nominated residents appointed as bride, groom and best man. They were also eagerly looking forward to the wedding feast, the wedding cake and the live music show planned after the ceremony. One resident said that living in the centre was all about celebrating life and having fun, and that they had plans for exciting events throughout the summer.

Staff and residents proudly showed the inspector numerous paintings and art drawings decorating the walls of the main lobby area, which had all been created for the Bealtaine Art Festival that took place in May. Residents continued to maintain links with the community and took part in exchange letters with school children. Some residents said that the pandemic had made them rekindle long lost relationships with neighbours and strengthened their bonds with the community as they were now corresponding more regularly.

The centre had resumed visiting in line with public health guidelines and the inspector had the opportunity to communicate with a small number of visitors on the day. They all praised the staff and management team in how they communicated with families throughout the pandemic and their efforts to maintain their loved ones safe and engaged throughout long periods of isolation.

The majority of residents who communicated with the inspector said they were happy to call the centre their home, and that staff 'did an amazing job' on a daily basis. While the praises for the level of care and the kindness of staff were unanimous, some residents mentioned that although there were plenty of staff around during the day, some evenings could be busy. Another resident who was residing on the top floor expressed that they wished they could access the outdoor space more often.

Residents and relatives' surveys had been carried out throughout the year and the results confirmed the high levels of satisfaction with service and the management of COVID-19 outbreak. Some residents mentioned that they had missed seeing their families, which made them feel lonely, but understood the importance of following public health guidelines to keep them safe. Any suggestions for improvement or any concerns expressed were promptly followed up by the provider and acted on.

Some of the regular residents' meeting had to be cancelled during 2020 due to the pandemic. However since 2021 a programme of monthly meetings had been introduced, which ensured residents were actively involved in how the centre was run. Records showed very good attendance at these meetings and that residents were informed and empowered to voice any concerns. For example, some residents debated that the public health guidelines (to split them into smaller groups/ hubs in order to contain and prevent the spread of the virus through the centre), did not take into account that they were 'one big family' (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). Participation to group activities throughout the pandemic had been restricted to residents accommodated on the same floor as part of contingency planning arrangements. Residents expressed great delight that these restrictive measures were stood down after all residents received their second vaccination

against COVID-19 and that they could all resume attendance to mass and group activities as before. Records of the meetings also showed that when residents said that they felt more staff was required, appropriate changes had been made to the staffing levels and residents reported improved outcomes.

There was a jovial atmosphere in the centre and both staff and residents' morale was good. All staff who spoke with the inspector praised the management for their leadership and commended the resilience of residents who had remained optimistic and strong despite the difficult year of restrictions. Similarly, the residents credited the staff's positivity, kindness and commitment to enabling them to make a full recovery and reduce the isolation.

The premises were homely, bright and airy, and largely met the needs of the residents, however some areas were in need of refurbishment and maintenance. The inspector was told that the proposed maintenance plan had been delayed by the pandemic, however this required to be resumed to ensure the infection control standards were consistently met. For example, damaged flooring or torn upholstery on furniture required to be replaced to ensure it allowed for proper cleaning and disinfection. In addition, the premises were divided into very large fire safety compartments which did not provide the required assurances that staff could timely evacuate all residents in the event of fire. Further details in respect of areas of improvement required are found under the respective regulations 17, 27 and 28.

There was a very low level of complaints, which were managed well and the number of accidents and incidents involving the residents was low.

The following section will provide a brief overview of the capacity and capability of the provider to provide and sustain a safe and quality service under each pillar, and detail the specific improvements needed under their respective regulations.

Capacity and capability

Overall, this was a good service run by a dedicated management team and staff who worked hard to provide a high standard of quality care and ensure the safety of the residents accommodated in the centre. The centre was appropriately resourced to meet the needs of the residents and the provider had completed the action plans from the previous inspection, including putting facilities in place to facilitate overnight stay for families of residents at the end of life. While fire safety management systems required prompt review as discussed under Regulation 28, the inspection found that the provider had adequate governance and management arrangements in place to ensure appropriate monitoring, quality improvement and service oversight.

The centre had been through one significant outbreak of COVID -19 in April – May 2020 where 12 residents and 10 staff had contracted the virus, and one resident had sadly died. The provider had liaised closely with relevant authorities and

effectively managed to contain the outbreak and maintain safe staffing levels to ensure residents' safety.

The registered provider maintained good oversight of service and had been proactive in relation to the challenges brought on by the pandemic. The centre was appropriately resourced and the lines of accountability and responsibility were clearly defined. Effective arrangements were in place to ensure out of hours senior management cover was available.

There were good contingency and preparedness plans in place should the centre experience an outbreak of COVID-19. While there had been higher levels of staff turnover in 2020, the provider continued to proactively fill any vacancies and at the time of inspection there were 2 staffing vacancies, which were being actively recruited for. There was no agency staff used in the centre which ensured resident benefited from continuity of care.

The registered provider for the designated centre was Sonas Asset Holdings Limited. The governance and management team maintained good oversight of service and there was an experienced person in charge who provided good leadership to the team and was well-known to residents, relatives and staff. They were supported in the operational role by an assistant director of nursing, in supernumerary capacity, and the extended team of nurses, care assistants, catering and housekeeping staff. A recently appointed quality manager provided support and visited the centre on a fortnightly basis and attended the governance and management meetings. Minutes of these meetings showed that risk and infection control were part of the agenda and that any identified issues or concerns, accidents and incidents, staffing were regularly discussed and promptly and appropriately escalated to the board of directors.

The management team communicated with staff regularly during daily huddles and at formal meetings and ensured they were appropriately supervised in their work. This included induction, probation, appraisals as well as regular spot checks, including at night time.

The management team completed a suite of regular audits (including infection control, medication management, care plans, hand hygiene, COVID-19) and monitored weekly key performance indicators as part of the quality assurance processes in place to oversee the service. Weekly environmental reviews were completed and any findings were appropriately followed up. Local policies were up to date and evidence-based however, the fire safety policy and procedure required review to ensure it was sufficiently clear to guide the staff in respect of the correct evacuation process.

An annual quality review had been completed for 2020, which included consultation with the residents and an improvement plan for 2021.

Regulation 15: Staffing

There were sufficient number of staff with the right skill mix to meet the needs of the residents. There were a minimum of two nurses on duty at all times.

Records showed that staff had been vetted by An Garda Siochana prior to commencing the service. Nurses had an active registration with Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

A suite of mandatory and relevant courses had been completed by staff which included fire safety, safeguarding vulnerable adults, infection prevention and control, manual handling, the use of restrictive practices and the management of responsive behaviour and dementia. As a training matrix was not in place (this is being judged under Regulation 23), the inspector requested an overview of training to be submitted following the inspection. The information received provided satisfactory assurances that all staff working in the centre had completed the required courses to support them in the provision of care to the residents.

Judgment: Compliant

Regulation 23: Governance and management

While there were appropriate systems and processes in place to underpin the safe delivery and oversight of the service, some further improvements were required to ensure that these systems were sufficiently robust to be effectively implemented in practice.

- The fire management systems in the centre required review.
- There was no training matrix in place to provide clear and accessible oversight in respect of staff training records and support effective information governance systems.
- There had been some delays in respect of the registered provider submitting to the Chief Inspector all the information and in the format required as part of the application to renew the registration of the designated centre.
- While there was a quality improvement plan in respect of maintenance and environment, it did not include proposed or expected dates for completion, assigned roles and responsibilities for completion.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a low level of complaints in the centre as evidenced by talking to residents, relatives and staff. A review of complaints records showed that they were promptly managed in line with policy and the complainant's level of satisfaction of had been recorded.

The complaints policy and procedure was prominently displayed in the centre and met the regulatory requirement. A suggestion box was available at reception.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies had been reviewed in 2020 and, where relevant, had been updated with COVID-19 guidelines.

Judgment: Compliant

Quality and safety

Overall, the inspection found that residents' health and wellbeing was maintained and promoted with appropriate access to specialised treatment and supports put in place for any identified need. While there were good risk management arrangements and oversight of safety in the centre, the fire management systems were not in line with local policy and best practice. This had already been recognised by the provider who was in the process of reviewing the compartmentalisation of the building. Furthermore, while no immediate risks were present on the day, the inspection identified some opportunities for improvement in respect of premises, infection prevention and control to further support the provider in the delivery of a safe and high quality service.

The inspection found that the provider had made great progress in respect of the management of residents' care planning arrangements since the last inspection. While falls, wounds and nutrition were well-managed with appropriate assessments, referrals and multidisciplinary involvement, the use of restrictive practices required review and stronger oversight. The person in charge maintained a restraint register which was reviewed on a regular basis. However the inspector found gaps and inconsistencies in the risk assessments and reviews of bedrail usage in the centre,

which had not been identified by the person in charge.

There were no pressure sores in the centre and the number of falls, infections or adverse incidents involving the residents was very low. All residents' medication was reviewed on a three monthly basis. Residents confirmed that they felt safe in the centre, that their personal possessions were safeguarded and that they would not hesitate to report to any staff if they had any concerns.

Staff had received training in dementia and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and knew the residents really well.

There was a rich activity programme displayed in the centre which included daily one to one activities such as nail care, hand massage, hair dressing, reflexology and room visits. Group activities ranged from arts and crafts to music, dog therapy, exercises, quizzes and various games such as bingo, Boccai, golf and skittles.

The design and layout of the residential service was suitable for its stated purpose. Overall the premises was homely and were kept in good state of repair, with minor exceptions. The inspector accepted that some of the annual painting and redecorating had been put on hold as a result of pandemic, and this had been risk assessed and included in the risk register.

Overall infection prevention and control practices were good, although some improvements were required as further detailed under Regulation 27. An infection prevention and control committee was in place led by the designated COVID-19 lead and including representatives from all departments. Seven nurses had been trained in swabbing and two link infection prevention and control nurses had been identified who completed further training and drive the quality and safety agenda in this area. Staff were observed to adhere to good infection prevention and control practices throughout the day.

Overall the registered provider had arrangements in place against the risk of fire including fire-fighting equipment, unobstructed means of escape, emergency lighting and regular servicing of systems. Residents' support needs were clearly documented in their personal emergency evacuation plans which were up-to-date and all bedroom doors were fitted with self-closing devices. Although there was good evidence that staff engaged in regular training and fire drills (including with night time staffing levels), there had been no full compartment evacuation carried out in line with centre's own procedures and best practice. The inspector requested that this practice was immediately reviewed and appropriately mitigated, and received assurances in respect of controls put in place following the inspection.

Regulation 11: Visits

There were three visiting areas identified and a booth had been put in place to allow

safe visiting to continue during times of restrictions. Visiting took place by appointment seven days a week, and there was a robust visiting protocol in place which included a risk assessment in line with current public health guidance (*COVID-19 guidance on visits to long term residential care facilities*, Health Protection and Surveillance Centre). Indoor visits were also facilitated on compassionate grounds and for the relatives who were vaccinated.

Judgment: Compliant

Regulation 17: Premises

Some improvement was required in respect of premises, specifically:

- The floor covering in some of the bedrooms, cleaning room or communal areas was damaged and required to be replaced.
- Appropriate storage facilities (for example commodes stored in the sluice room).
- A review of some of the handwashing facilities and sink taps to ensure they were fit for purpose, met the required specifications and supported best practice in infection prevention and control.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a proactive approach to risk management and a risk register was in place which included the specified risks as per regulatory requirement. Separate risk registers had been created in respect of COVID-19 and Infection Control. An up to date safety statement and a major emergency plan were in place.

The provider's contingency plan was reviewed and found to comprehensively address all relevant areas of service provision. A serious incident review had been completed following the COVID-19 outbreak from 2020 which identified learning.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed numerous examples of good practice throughout the centre and appropriate systems were in place to ensure and promote safe practices in infection prevention and control. However, the following areas required further

improvement in order to align to best practice:

- A review of storage practices was required to ensure appropriate segregation of clean and dirty items was consistently applied.
- A review of all equipment to ensure that any torn or damaged items were timely refurbished or discarded; for example bedrails, chairs, commodes
- The cleaning trolleys required review to ensure they were clean and supplies were safely and appropriately stored.
- The system of cleaning required to be streamlined for clarity and consistency; there was a dual system in place using both mop heads and flat mops.
- Not all surfaces and finishings supported effective cleaning and disinfection practices.
- A review of the laundry facility and processes to ensure the risk of cross contamination was reduced and that access to the sink was unrestricted.
- A protocol for reprocessing of spray bottles was required.
- Correct labelling was required for sharps management to support contact tracing and appropriate waste disposal practices.
- Enhanced supervision of the staff changing area to ensure it was appropriately maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had a wide range of measures in place to protect the residents and staff in the event of fire, a review of the fire management systems in place was required to ensure their effectiveness in the event of evacuation. In line with centre's own policy of progressive evacuation by compartment, a full compartment evacuation of all residents was required. However, the evacuation plans available in the centre did not identify the compartments and staff were not familiar with the process as fire drills had only been carried out using zones within the compartments.

The building itself had been appropriately certified and found compliant from a fire safety perspective. According with the structural design and zoning of the building for the purposes of fire safety, the residential area was divided into three large compartments on each floor, some containing with more than 15 residents.

Consequently, due to the large size of the residential compartments, the unclear evacuation strategy and in the absence of satisfactory fire drills, the inspector was not assured that the fire safety management procedure in place would be effective in ensuring residents' safety.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented in consultation with the resident. Where appropriate, records showed that care plans were shared with resident's families.

Care plans were initiated on admission and informed by a comprehensive assessment and a range of risk assessments which were later reviewed at four monthly intervals. When residents' condition changed, care plans were updated to ensure they reflected the current healthcare needs. There was evidence to show that care plans were shared with the resident and their families, where appropriate.

Judgment: Compliant

Regulation 6: Health care

Several general practitioners (GPs) visited the centre and residents had access to a GP of choice, who reviewed them as needed and at regular intervals. A physiotherapist was working full-time in the designated centre and was available to the residents. There was good access to a variety of other healthcare professionals including occupational therapy, speech and language therapy, dietetics, tissue viability nurse, optician, chiropody and dentist to name a few. In addition, residents had access to consultant Palliative Services, Geriatrician and psychiatry of Old Age via community referral.

Residents were actively monitored for signs and symptoms of COVID-19 and a clear protocol was in place in respect of managing suspected or confirmed cases of COVID-19.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that while a restraint-free environment was largely promoted, the bedrail usage in the centre required stronger oversight to ensure each resident was appropriately assessed and alternatives to bedrails were regularly considered as part of a wider drive to reduce the number of restrictive practices in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults and in their conversation with the inspector they were confident and knowledgeable of the steps to take if they suspected or witnessed an abusive situation. Allegations were appropriately notified to the Chief Inspector, promptly investigated and acted on in line with policy.

The provider did not act as a pension agent for any of the residents living in the centre. Residents had access to independent advocacy services if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and radio, television, internet and were actively supported to use telephones, electronic tablets and video calls to keep in contact with friends and families. Staff knew the residents well and care and services were person-centred. Residents' privacy and dignity was maintained.

Activities were available to the residents seven days per week and they included group as well as one to one activities. There were appropriate facilities available for the residents and residents said they had lots of activities to keep them occupied.

Residents were consulted, kept up-to-date with the public health restrictions and supported to make informed choices. A residents satisfaction survey had also been completed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Athlone OSV-0005422

Inspection ID: MON-0032238

Date of inspection: 10/06/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Additional Fire Training has been conducted with all staff specifically regarding our current Fire compartments.</p> <p>Fire Compartments have been and will be discussed at daily Huddles.</p> <p>Staff accommodated in the adjacent staff house are on call to respond in the event of a night time fire event. This is identified on the roster and contact details included in emergency numbers.</p> <p>PIC/APIC/CNM are rostered on rotational call.</p> <p>Fire Policy and procedures have been updated to reflect this emergency response.</p> <p>Fire Drill completed on 25/6/2021 with three additional on call staff. Evidence was submitted on a separate document (additional fire drills attachment 1a,1b).</p> <p>Provider representative, Quality & Governance Coordinator (PPIM), PIC, APIC, Fire Warden, Maintenance Person have all attended the recent HIQA Fire Safety webinars.</p> <p>In March 2021 Sonas launched a new online training platform a clear and accurate training matrix is now in place. which is a on line training for all staff. Staff receive automated reminders when training is due and this is monitored on a weekly basis by the PIC.</p> <p>The inspector has now been updated with the email addresses of the home governance team.</p> <p>The Continuous Improvement Plan has been updated and now identifies persons responsible and Time Frames. This was submitted on a separate document (attachment</p>	

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The Continuous Improvement Plan has been updated which reflects the comprehensive improvements to be carried out in order to comply with Regulation 17.

- The floor covering in some of the bedrooms, cleaning room or communal areas was damaged and required to be replaced: A schedule of replacement of flooring in identified areas is ongoing and will be completed by 31/12/21
- Appropriate storage facilities (for example commodes stored in the sluice room): Storage facilities are under review and appropriate storage will be provided. 31/12/21
- A review of some of the handwashing facilities and sink taps to ensure they were fit for purpose, met the required specifications and supported best practice in infection prevention and control: A schedule of replacement sinks and/or taps will be completed by 31/12/21

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
The IPC audit and Hospitality audits are scheduled on alternate months and their frequency can be increased if required. Micro-audits can also be conducted from the main audits if there are areas of significant non-compliance. Together, the Quality & Governance Coordinator, the Quality Manager and the PIC will review the Outcomes and Recommendations from these audits and action taken as required. This will contribute to the Continuous Improvement Plan and the Quality Improvement Plan. These will further inform the Annual Review.

- A review of storage practices was required to ensure appropriate segregation of clean and dirty items was consistently applied. Response: Storage facilities are under review and appropriate storage will be provided. 31/12/21
- A review of all equipment to ensure that any torn or damaged items were timely refurbished or discarded; for example bedrails, chairs, commodes. Response: Refurbishment and painting plan in place and items are being repaired or replaced as

appropriate. Completed and ongoing.

- The cleaning trolleys required review to ensure they were clean and supplies were safely and appropriately stored. Response: Completed
- The system of cleaning required to be streamlined for clarity and consistency; there was a dual system in place using both mop heads and flat mops. Response: New Cleaning Schedules have been implemented and these will be reviewed on a weekly basis. Completed and ongoing
- Not all surfaces and finishings supported effective cleaning and disinfection practices. Response: New Cleaning Schedules have been implemented and these will be reviewed on a weekly basis. Completed and ongoing
- A review of the laundry facility and processes to ensure the risk of cross contamination was reduced and that access to the sink was unrestricted. Response: Completed
- A protocol for reprocessing of spray bottles was required. Response: Completed.
- Correct labelling was required for sharps management to support contact tracing and appropriate waste disposal practices. Response: In line with Infection Control and to support contact tracing all Nursing staff have been updated on the correct labelling of sharps containers. Completed.
- Enhanced supervision of the staff changing area to ensure it was appropriately maintained. Response: Completed and ongoing

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Additional Fire Training has been conducted with all staff specifically regarding our current Fire compartments. Completed and ongoing.

Fire Compartments and action plan have been and will be discussed at daily Huddles. Ongoing

Staff accommodated in the adjacent staff house are on call to respond in the event of a night time fire event. This is identified on the roster and contact details included in emergency numbers. This arrangement will remain in place until all fire compliance works have been completed in July 2022.

PIC/APIC/CNM are rostered on rotational call. Ongoing

Fire Policy and procedures have been updated to reflect this emergency response.

Completed

An independent Fire Risk Assessment has been carried out by a Fire Consultant and a timeframe for scheduled work to be undertaken and completed has been agreed. Works to include replacement/repair of damaged fire doors, new cavity barriers to be installed and reinstate existing cavity barriers, remove storage from stair wells and regularly review fire management plan. Any high risks identified in the fire risk assessment to be addressed by 31/10/2021; all medium risks by 30/01/2022 and overall completion date 31st July 2022.

The provider has liaised with the Estates & Fire Safety Department in HIQA.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

Restraint Assessments, Care plans and alternatives to restrictive practices will be reviewed on a monthly basis and documented.

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 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	31/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/07/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	25/06/2021
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	Not Compliant	Orange	12/07/2021

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	10/06/2021