

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Sonas Nursing Home Riverview
Centre ID:	OSV-0005504
Centre address:	Morrison Terrace, Ballina, Mayo.
Telephone number:	087 804 8853/ 096 92000/ 096 92009
Email address:	scrawley@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Storey Broe Nursing Service Limited
Provider Nominee:	Seamus Crawley
Lead inspector:	PJ Wynne
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	25

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 March 2017 10:00 To: 16 March 2017 14:45

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to register a designated centre.

The centre is of a single story construction and comprises of 40 single en-suite bedrooms and five twin en-suite bedrooms. The building is specifically designed to meet the needs of dependent older people.

The provider has applied to register part of the building to accommodate a maximum of 25 residents initially. This will include the use of 21 single bedrooms and two twin bedrooms. All parts of the premises were examined on inspection. No residents were accommodated at the time of the inspection.

The inspector met with the centre’s management team as notified to HIQA. This

included on the day of inspection two of the directors of the company responsible for the application to register, the person in charge, clinical nurse manager and education and standards coordinator. The management systems and clinical governance arrangements for the operation of centre were reviewed.

The person in charge is experienced in the management of residential services for older people and meets the criteria required by the regulations. Arrangements are in place to plan and manage the development of the service to ensure it is well governed and monitored. The building, facilities, services and governance systems were in compliance with the regulations and suitable to meet the needs of prospective residents.

The management team indicated new residents would be admitted on a phased, planned basis and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of schedule 1 of the regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The management structure was appropriate to the size, ethos, and purpose and function of the proposed centre. There is an internal organisational structure in place to support the person in charge. The management team are supported by a full-time human

resource manger and education and standards coordinator.

The person notified to HIQA as the person in charge is experienced in the management of residential services for older people and meets the criteria required by the regulations.

Two of the board of directors responsible for the application to register the centre met with the inspector during the inspection. The operational plans from acquisition of the building to its current stage of applying for registration were discussed. The governance structure and accountability for the delivery of the residential service is defined. Lines of responsibility at individual, team and management level are developed.

The board of directors and person in charge have facilitated previous inspections and are known to the inspector. They have the knowledge and experience required to deliver a quality service ensuring safe care.

Through interviews with the management team it was evidenced quality improvement strategies and monitoring of the services are planned. This has commenced through the recruitment, planned induction and training processes for staff being recruited. The person in charge discussed areas of the services she plans to audit to ensure the development of the service is well governed and monitored.

Through discussion with the directors and person in charge it was confirmed arrangements are in place to plan and manage the transition of the service effectively. This includes the consideration of any impact on residents, an assessment of staffing implications and adjusting requirements as the service evolves and the numbers accommodated increase.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A residents' guide was developed which contains all the information required by the regulations. However, the guide available on the day was not specific to the individual centre.

The inspector found that there were systems in place to maintain complete and accurate

records

Written operational policies which were centre specific were developed and place to inform practice and provide guidance to new staff. The polices required by Schedule 5 of the regulations were developed and available for review on inspection.

There are systems in place to ensure each resident admitted to the service will be provided with a contract of care. The provider has developed contracts of care outlining the terms and conditions of occupancy.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A person in charge has been appointed. HIQA was appropriately notified as required by the regulations. All the necessary documentation accompanied the notification.

The person appointed meets the criteria required by the regulations in terms of appropriate qualifications and management experience. She has more than three years experience of nursing older persons within the last six years as required by the regulations. She will have authority and accountability for the provision of the service with support from the care centre coordinator who is a member of the board of directors. The person in charge is an experienced nurse. She holds a full-time post.

There will be dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge will be supported in her role by a team of nursing staff and a clinical nurse manager.

The person in charge had developed arrangements in place to manage and assure the service is safe and monitored.

An established risk management framework is developed and a health and safety statement is in place.

Records were developed to log any adverse events, complaints or concerns.

Fire safety precautions were in place.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Designated space was provided to store records securely.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

Appropriate insurance cover is in place with regard to accidents and incidents, outsourced providers and residents' personal property.

The person in charge is familiar with the requirements to maintain a directory of residents as required by schedule three of the regulations and ensures it is maintained up to date.

Records of details of staff to be employed at the centre, including the current registration details of nursing staff, staff training and proposed working roster were available.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The number of whole time equivalent staff was detailed in the statement of purpose. This included a clinical nurse manager who will deputise in the absence of the person in charge.

A review of staff files evidenced engagement of continuous professional development of the clinical nurse manager. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident.

In conversation with the inspector the clinical nurse manager was knowledgeable of the regulations and notifications and associated timeframes in which events are required to be notified to HIQA.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on prevention, detection and response to elder abuse. The policy was specific to the centre. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

There was a policy on restraint management (the use of bedrails and lap belts) in place and the management of responsive behaviours.

The person in charge has a good knowledge of the features of abusive situations and experience of implementing protective mechanisms to ensure residents are safeguarded. Through experience in previous roles the person in charge has advocated on resident's behalf.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There are procedures in place to promote the health and safety of residents, staff and visitors. Access to the centres was secured.

The risk management policy contained all the procedures required by the regulations. There was a centre-specific health and safety statement, and an emergency response plan outlining the procedure to follow in events such as a fire, gas leak or infection outbreak.

Fire safety precautions were in place. The developed fire policy provided guidance to reflect the centre's procedures of progressive horizontal evacuation. The procedures to follow on hearing the alarm and action to take on discovering a fire were displayed.

Fire equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided in all parts of the building. The building was divided into separate zones for the purposes of evacuation. All bedroom doors in addition to emergency exit doors were wired to the fire alarm system.

Contracts were in place from an outsourced external company for the servicing and certification of fire safety equipment. A fire register was available on the day of inspection to record in-house safety checks. The centre had certification of ignitability tests on upholstery and soft furnishings.

The temperature of dispensing the hot water to all bathrooms was controlled by thermostats to minimise the risk of scalds or burns. Restrictors were fitted to windows. Access to work service areas to include the kitchen, sluice room, clinical room and cleaners store room was secured in the interest of safety to residents and visitors

There was sufficient moving and handling equipment to meet the needs of the proposed number of residents intended to be accommodated in line with the registration application. There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

There was a colour coded cleaning system to minimise the risk of cross contamination. There are two separate sluice rooms provided on opposing sides of the building and cleaning room provided. A bed pan washer was provided and operational on the day of inspection. The cleaning storeroom was suitably equipped and spacious. Hand gels were provided in each resident's bedroom.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider and person in charge are knowledgeable on the schedule of matters which require notification to HIQA. There are templates available to record incidents and accidents that may occur in the centre.

The person in charge is familiar with the matters which must be notified on a quarterly basis and other prescribed incidents and their associated timeframes for reporting to HIQA.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The newly built centre is specifically designed to meet the needs of dependent older people. It is located within walking distance of the town centre. The perimeter of the boundary was secured and external hard surface areas provided with tarmacadam. External lighting was provided around the car parking and designated wheelchair

parking was provided close to the main entrance.

The building is of a single story construction. A certificate of compliance with the Building Control Act and Statutory Fire Authority were available on the day of inspection.

The centre comprises of 40 single en-suite bedrooms and five twin en-suite bedrooms. The provider has applied to register part of the building to accommodate a maximum of 25 residents initially. This will include the use of 21 single bedrooms and two twin bedrooms. All parts of the premises were examined.

There was suitable light, heat and ventilation provided to all parts of the premises. Each en-suite bathroom is mechanically ventilated. Each bedroom is fitted with a thermostat to allow residents individually adjust the temperature to meet their needs. All corridors were spacious and bright. Doorways throughout were of suitable width to easily accommodate wheelchair users and level with adjacent floor finishes to minimise the risk of any trip hazards.

Bedrooms are spacious and well equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Bedrooms were well equipped with a good range of furniture. This includes a wardrobe, chest of drawers, bedside locker with lockable storage and a comfortable armchair and a chair for visitors. All bedrooms will be provided with televisions.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets are located close to communal day rooms for residents' convenience. All bathroom facilities are adapted to meet the needs of residents. Grab rails are provided alongside toilets and showers. Showers are level with the floor ensuring ease of access.

There is adequate personal and communal space to meet residents' needs. There are two communal day rooms, dining room located adjacent to the kitchen, a visitor's room for private meetings, an oratory and hair salon available for residents' use. There is a second visitor room equipped with tea and coffee making facilities. A large well equipped kitchen is provided to meet residents' catering needs. There is storage space available for hoists and other specialist equipment required for use by residents.

Staff facilities were provided. Separate toilets, changing and showering facilities were provided for care and kitchen staff in the interest of infection control. Lockers were provided for the storage of staff belongings.

The laundry is equipped with an industrial sized washer and dryer. A clear system for the management of the laundry to meet resident's needs was developed. All personal laundry will be completed onsite and linen outsourced to an external laundry company.

The laundry is spacious and suitable in size to ensure soiled and clean clothing is maintained separately. Individual baskets were available to ensure the safe return of laundered clothing to residents' bedrooms.

While smoking facilities were provided they were not located within the building.

Residents who wished to smoke would be required to utilise an external area in the courtyard requiring them to leave the comfort of the building. This was discussed with the provider and he agreed an alternative area within the building would be identified

Residents have access to safe enclosed outdoor courtyard space should they wish to go for walks.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge was familiar with the requirements of the complaints procedures as required by the regulations.

The person in charge explained issues of concern will be addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. This was also outlined in the complaints policy

A complaints policy was developed and a summary of the complaints procedure was included in the residents' guide.

Judgment:

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A large kitchen is available. This is suitable in size to cater for the needs of all residents to be accommodated. A small service kitchen is located between the dining room and main kitchen which is accessible to care staff to prepare snacks for residents when the catering staff are off duty in the evening and during the night.

A coffee dock is available in the visitor's room located off the entrance foyer. This will provide an informal space for residents to meet with visitors away from the care environment.

As outlined in the statement of purpose two whole time catering staff are being recruited to meet the catering requirements of residents.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider indicated new residents would be admitted on a phased, planned basis and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix is maintained.

The inspector reviewed the proposed staffing plan as outlined in the statement of purpose. This outlined the number and skill mix of whole time equivalent staff planned to meet the needs of prospective residents.

The provider indicated recruitment is being progressed and all staff will be trained in line with the centre's policy on recruitment, selection and vetting of staff.

Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sonas Nursing Home Riverview
Centre ID:	OSV-0005504
Date of inspection:	16/03/2017
Date of response:	27/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The resident's guide available on the day was not specific to the individual centre.

1. Action Required:

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

A resident guide will be prepared to include a summary of services and facilities in the centre.

Proposed Timescale: Immediately

Proposed Timescale: 27/03/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While smoking facilities were provided they were not located within the building. Residents who wished to smoke would be required to utilise an external area in the courtyard requiring them to leave the comfort of the building.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Smoking facilities will be provided within the building.

Proposed Timescale: Immediately

Proposed Timescale: 27/03/2017