



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

Issued by the Chief Inspector

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| Name of designated centre: | Sonas Nursing Home Knock |
| Name of provider: | Sonas Nursing Homes Management Co. Limited |
| Address of centre: | Ballyhaunis Road, Knock, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 January 2021 |
| Centre ID: | OSV-0006384 |
| Fieldwork ID: | MON-0031788 |

About the designated centre

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

Sonas Nursing Home Knock is a modern two storey purpose built designated centre that opened in 2019. It is a short drive from the village of Knock and local shops, cafes, the churches and basilica are readily accessible. Accommodation is available for 57 residents and is provided in 51 single and three double bedrooms. All rooms have full en-suite facilities. There is communal sitting and dining space on both floors. The centre has good levels of natural light and is supplied with fixtures and fittings to enhance the independence of residents. It is furnished appropriately to meet the needs of residents. The first floor is accessible by lift and stairs. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued in a way that promotes their health and well-being.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 28 |
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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 |
|------------------------------|-------------------------|------------------|------|
| Wednesday 27 January 2021 | 12:00hrs to 18:30hrs | Geraldine Jolley | Lead |

What residents told us and what inspectors observed

On the day of inspection, the general feedback from residents was one of satisfaction with the care and service provided, with several residents describing the centre as a comfortable place to live where they felt at home. Residents said that they found the current restrictions on visits inconvenient but said they understood the reasons why these had to be imposed again and said staff were good at keeping their spirits up. The inspector talked with six residents during the inspection. The aspects of life in the centre that they valued included:

- bedrooms are very comfortable, clean and well furnished
- all areas are warm and there are lots of places to sit in during the day when you want a change from your bedroom
- the staff have been good at ensuring that residents can contact relatives and keep in touch when visits are restricted
- the activity and physiotherapy sessions provide good diversion during the day when they are available.

Residents were observed sitting in the communal areas during the day reading or watching television. The inspector saw from the rotas provided that during the week of the inspection and the following week that activity staff were available on four days and two days respectively. This allocation did not ensure that residents had access to regular social care at a time when their social contacts were limited due to COVID-19 restrictions. Two residents told the inspector that they were not sure what days activities took place. The inspector did not see any formal activities taking place on the day of the inspection.

Some residents told the inspector that the turnover of staff sometimes caused them confusion particularly the changes in person in charge however despite this residents said that staff were kind, caring and good company. Residents told the inspector they had good relationships with staff and said they kept them up to date with local news, information about COVID-19 and the implications of the restrictions on everyone.

The food and catering service was described as very good. There were several positive comments made about the way the chef engaged with residents and ensured that meals were prepared as they liked and that dishes they were particularly fond of were included in the menu. For example, some residents said the chef ring regularly to check what they would like and also consults about changes to the menu.

Capacity and capability

The inspector found that the organisation of staff resources and the allocation of staff required significant review to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The oversight and supervision of how nurses were deployed required improvement to ensure nurses taking charge of the centre were appropriately trained and fully equipped for this responsibility. This was an unannounced inspection following the notification of an outbreak of COVID-19 in the centre.

Sonas Nursing Home Knock was first registered on June 2019 with Sonas Nursing Homes Management Company Limited as the registered provider. The centre can accommodate 57 residents. At the last inspection completed in February 2020 there was a high standard of compliance with the regulations. Of the 27 regulations reviewed all were compliant with the exception of two, complaints and fire safety that were judged to be substantially compliant. The action plan response from the provider confirmed that the issues raised were addressed.

Information provided to the office of the Chief Inspector in relation to staffing during the COVID-19 outbreak and a review of the rosters during the inspection found that resources allocated to staffing were not adequate to ensure a safe and effective service was consistently delivered. The staffing model required a full review. The statement of purpose that forms part of the registration conditions had been revised in January 2021. The staffing model described a significantly reduced staff allocation than that described when the centre was registered in June 2019. In all there was a reduction of 18.5 staff. The allocation of one nurse after 16.00 or 17.00 hours until 08.00 hours did not ensure that residents had access to adequate nursing care particularly at a time when there was an outbreak of COVID-19 and additional duties had to be undertaken. They included the regular COVID-19 serial testing for staff and the COVID-19 vaccine roll-out.

There was a training schedule for staff that included training on the statutory topics of fire safety, moving and handling and safeguarding and topics related to care practice. Training on infection control and hand hygiene was also provided. Staff had also had training and practical demonstrations on putting on and taking off personal protective equipment (PPE). However, the training and supervision of staff required review. The inspector found that the period of induction for new nursing staff was two days. This did not ensure they were adequately prepared to take charge of the centre or that they had completed the company's full training programme to prepare them for emergency situations commensurate with their role and allocated responsibilities.

The finding of this inspection resulted in the issue of an urgent action plan under regulation 23- Governance and Management and regulation 28 -Fire safety. The systems and resources in place required immediate review, and included:

- the inspector was not assured that the centre had management systems in

place to ensure the service provided is safe, appropriate, consistent and effectively managed. The allocation of a newly recruited nurse who was working her fifth shift in the centre to be in charge on her own after 16.00 hours (when the person in charge was identified on the rota to finish work) was not adequate to ensure the safety and wellbeing of residents taking into account the size and layout of the centre (which is a two storey building) and the needs of residents some of whom were in isolation

- fire training had not been provided and only two days of formal induction had been completed prior to a nurse having the responsibility of being in charge according to the rota provided to the inspector

The inspector found that staff had managed and controlled the outbreak of COVID-19 without onward transmission within the centre. Residents had single rooms with full ensuite facilities and there was an area designated for isolation on the first floor. The care staff resources were divided and staff worked on a designated floor to limit the risk of infection transfer. Resources were not available to ensure that a nurse would be available in the areas where residents were positive and negative for the COVID-19 virus. The availability of one nurse for the majority of the 24 hour period meant that it was not possible to have a complete staff team on each floor as the nurse had to travel to both floors to provide care and administer medicines.

On the inspection day, there were 28 residents accommodated and their dependencies were assessed as six maximum dependency, eight high, seven medium and seven low dependency.

The inspector acknowledged that this had been a challenging time for residents and staff where many had worked additional hours to cover for the absence of colleagues who had to isolate. However, improvement to the oversight of the management structure is required to ensure that the quality and safety of care delivered to residents achieves regulatory compliance.

Registration Regulation 6: Changes to information supplied for registration purposes

The office of the Chief Inspector was advised of the departure of the person in charge on 25 November 2020. However, the notification did not indicate the name of the new person in charge, was not signed by an authorised signatory and the required schedule 2 information was not supplied in full until 15 December 2020.

Judgment: Not compliant

Regulation 14: Persons in charge

There had been three changes to the person in charge role since the centre opened in June 2019. The person in charge took up post at the end of November

2020. They were on duty and facilitated this inspection and demonstrated to the inspector that they were well informed about residents' care needs.

The person in charge is supported in their role by a clinical nurse manager who took up this role on 25 January. .

Judgment: Compliant

Regulation 15: Staffing

There were insufficient resources to ensure the safe delivery of care in accordance with the aims and objectives of the statement of purpose. This was indicated by:

- the allocation of one nurse from 17.00 hours to 08.00 hours to address the nursing needs of the 28 residents accommodated was not adequate to ensure safe good quality care taking into account the size and layout of the building which extends over two floors and it did not ensure that in an outbreak situation that dedicated staff could be allocated to the area identified for isolation residents suspected or confirmed to have COVID-19 in accordance with the Interim Public Health Infection Prevention and Control on the Prevention and Management of COVID-19 Cases and outbreaks in Residential Care Facilities.
- the insufficient resources resulted in a newly recruited nurse being scheduled to work on her own and take charge of the centre when the person in charge completed her working day
- two of the seven shifts the new nurse was allocated to work between Monday 18 and Saturday 31 January were allocated to duties as a carer which did not ensure that
- over that period there were twelve shifts where nurses were deployed to care duties as there were inadequate care staff available to fulfill the rota requirements
- activity staff were available according to the rota supplied for four days during the week of the 18 to 24 January and for two days the week of the 25 to 31 January. This did not ensure residents had access to regular social activities at a time when other social opportunities such as visits and outings could not take place and the shortfall in care staff meant that there was no additional capacity to facilitate social care

The staffing model had been altered by the provider since the last inspection. The allocation of staff to the centre had been reduced by 18.5 whole time equivalents. Several roles that included the assistant to the person in charge, four social care practitioners, eight carers, four catering staff and a half time activity coordinator had been discontinued.

The person in charge was supported by a clinical nurse manager who had been promoted from within the existing staff nurse team and had commenced this role earlier in the week.

Judgment: Not compliant

Regulation 16: Training and staff development

The training record for the staff team was provided to the inspector following the inspection. The information provided conveyed that staff had completed training on the statutory topics of moving and handling and the safeguarding of vulnerable adults. Fire safety training is addressed under regulation 28- Fire Precautions.

The inspector found that there were two days allocated for the formal induction of a new nurse who was allocated to be in charge on the evening of the inspection. This required review to ensure that they had time to complete the range of training required to equip them to safely undertake this responsibility. The two-day induction on the 18 and 20 January as documented on the rota did not ensure that they were appropriately prepared to be in charge on their own and respond to a fire situation.

Staff interviewed during the inspection confirmed that they had training and regular updates on COVID-19, infection control and putting on and taking off Personal Protective Equipment (PPE). Staff were observed to work safely, wear their masks correctly and to ensure they adhered to social distancing when in communal areas.

Judgment: Not compliant

Regulation 23: Governance and management

The centre is managed by Sonas Nursing Home Management Company Limited. The centre has a Person in Charge (PIC) who was appointed in November 2020 and who is supported on varied days during the week by either the Quality Manager for the area, the Quality and Governance Coordinator or the Infection Control Lead Nurse for the company.

The inspector was not assured that the centre had management systems in place to ensure the service provided is safe, appropriate, consistent and effectively managed. The allocation of a newly recruited nurse who was working their fifth shift in the centre to be in charge on her own after 16.00 hours (when the person in charge was identified on the rota to finish work) was not adequate to ensure the safety and wellbeing of residents taking into account that the nurse had not completed fire training. The response to the urgent compliance plan indicated that the nurse would

not be in charge until fire training was completed.

A review of the rosters conveyed that the person in charge and the management team were struggling to ensure that adequate staffing levels were maintained to ensure a safe and effective service was maintained. The staffing model in place prior to and during the outbreak did not ensure that appropriate safe standards of care could be provided to residents over the 24 hour day. Several staff were required to isolate. This had resulted in shortfalls in both the nursing and care staff teams. There were 12 shifts over the two week period from 18- 31 January where nurses were allocated to care duties and while the governance and quality manager said that this enabled the nurses to develop a good awareness of residents' routines and personal care needs the arrangement meant that only one nurse was available for nursing duties from early evening until the morning shift took over at 08.00 the next morning. The inspector found that oversight of staffing levels was inadequate and that the staffing allocation had not been revised to ensure there was appropriate staff numbers in an appropriate skill mix available to care for residents over the 24 hour day and during an outbreak of COVID-19 when residents were positive for COVID-19 or where isolation was required following admission from acute services to eliminate the possibility of infection spread. The contingency plan to replace key roles in the event of staff having to isolate included training for health care staff in reception duties and the allocation of additional health care assistants to undertake activity roles however based on the deficit in care staff numbers evident during the inspection it would not have been possible for carers to undertake these duties.

The inspector found there were positive aspects of the service:

- there were regular audits of clinical and operational areas of the service and the audit format for catering, the environment and infection control had been revised in response to learning in other designated centres operated by the company. The inspector saw that the infection control audit included checks on staff changing areas, how PPE was stored and cleanliness in strategic areas that included the treatment room and medicine administration areas. When the inspector viewed these areas they were found to be visibly clean, well organised and items for storage were off the floor.
- there was good consultation with residents and the inspector saw from the records of residents' meetings that information was provided regularly on visiting arrangements, the technology in use to keep in touch with families and how to access this and the location of the area organised for visits
- the computer programme used to maintain care records, complaints and accidents and incidents was used well by staff and records reviewed were up to date, comprehensive and provided staff with good guidance on how residents' care was to be delivered.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents that the inspector talked with knew there was a procedure for making a complaint and said they were regularly advised of the complaints' process at residents' meetings. Two residents said they had raised issues that concerned them and said the matters raised were resolved promptly to their satisfaction. The records indicated that the outcome of complaints and if the complainant was satisfied was recorded. The inspector was told there were no active complaints at the time of the inspection.

Judgment: Compliant

Quality and safety

Residents described the centre as a comfortable place to live and said their rooms and overall layout suited their needs. They said they liked having good sized rooms where they had space to sit and could view the surrounding countryside. The centre is a modern building and it was noted to be clean, bright and well maintained. Communal sitting areas and the dining rooms were comfortably furnished and were well organised to accommodate the social distancing needed to help limit COVID-19 infection transfer. Residents were encouraged to personalise their bedrooms with photographs, items of furniture and artefacts from home. As a result, bedrooms reflected the personal choices of residents. Adequate wardrobe space and storage cupboards were available and residents had access to lockable storage space to secure personal items.

While the majority of aspects related to quality and safety were complaint the inspector found that fire safety training was deficient for senior staff who could be allocated to take charge and staff availability to provide a consistent and regular activity schedule was limited. The rotas provided for the two week period from 19 to 31 January conveyed that activity staff were available for four days the first week and two days the second week.

There was a detailed risk register in place. This included the risk related to COVID-19. Risks areas were addressed and there was evidence of risk reduction as a result of actions taken. However oversight of fire safety measures required improvement to ensure that all staff are appropriately prepared to manage a fire situation.

Residents said that they were happy with the quality and choice of food available to them. Meals were prepared by catering staff in the main kitchen on site. Special diets were catered for and choices were available at each meal. The inspector saw that food that had to be provided in modified consistencies was attractively presented and served in accordance with residents' needs. Staff offered appropriate support and supervision to residents who needed assistance at meal times.

Residents' health needs were met through a range of nursing, medical and specialist health care services. These included access to general practitioners (GPs), dieticians, speech and language therapy, chiropody, physiotherapy and community mental health services.

Records showed that where residents were transferred to hospital or discharged from the centre the nursing staff provided relevant nursing and medical information to ensure a safe transfer of care. Residents were reviewed by their general practitioner (GP) and medicines altered if needed. Records confirmed that when referrals were made to specialist services the recommendations made were put in place by staff.

Televisions and newspapers were available in the communal areas and residents were observed discussing items of news with staff. There was no activity staff on duty on the day of the inspection. Daily routines and care practices were designed to give the residents choices about how their day was organised and how they spent their time. Residents told the inspector that they felt safe and secure and that they were able to talk to staff if they had any concerns.

The centre had comprehensive policies and procedures in place in relation to safeguarding residents. All staff had attended safeguarding training according to the training record provided and this was regularly updated.

Regulation 27: Infection control

Staff were provided with regular training on infection control, hand hygiene, the management of COVID-19 and the correct use of PPE. The infection control lead nurse for the company was present in the centre one day a week and assessed infection control procedures and staff adherence to PPE use. Audits of the infection control measures were completed and these confirmed a high level of compliance was achieved.

There was an area on the upper floor designated for isolation which was used for any residents suspected to have or who had the virus and for residents returning from acute hospitals who required 14 days isolation. There was clear signage to advise staff on isolation precautions, hand hygiene and social distance measures. Residents were well informed about the COVID-19 virus and the preventative vaccine. This had been administered on 21 January.

Judgment: Compliant

Regulation 28: Fire precautions

An urgent compliance plan was issued following the inspection as the

inspector found that a newly recruited nurse who was due to be left in charge of the centre during the evening had not completed fire safety training. This was remedied by the person in charge remaining on duty until the night staff came on at 20.00 hours. In the response to the urgent action plan the provider confirmed that this would not happen in the future and that fire training was to be provided as scheduled on 2 February.

There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. The floor plans displayed were clear and identified the fire zones and exit pathways from varied points of the building. The nearest fire exit was easy to see in hallways. The centre had carried out drills that simulated staffing levels during the day. The records of fire drills were noted to be comprehensive and described the situation that was enacted. Documentation indicated that quarterly servicing was carried out on fire alarms and fire safety equipment was serviced on an annual basis. There were records of fire safety checks on fire exits, fire doors and fire fighting equipment and these were up to date.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained on a computer programme and were found to be developed to a good standard and conveyed a good overview of resident's health care needs, lifestyles and daily routines. Changes in care needs and interventions to address physical, medical and psychosocial well-being were described clearly. The responses to care interventions were described in the nurse's daily records and in the four monthly reviews of care plans. Care plans reviewed included the contributions residents themselves made about their care and treatment.

The inspector reviewed three care records and found that residents' capacity to make decisions, personal care routines and risk factors related to medical conditions were outlined clearly. There were assessments of critical areas that included mobility, vulnerability to falls, nutrition needs, pressure area risks and emotional health. Interventions to guide staff and ensure that residents were provided with appropriate care were described clearly. The inspector saw that residents were encouraged to be independent and to maintain their mobility. A physiotherapist employed by the provider was available for two and three days on alternate weeks to assess residents and to provide treatment interventions to facilitate independence.

Judgment: Compliant

Regulation 6: Health care

Residents' health needs were met appropriately through clinical assessment and regular GP reviews. The inspector was told that residents were referred for specialist care and treatment when required and records confirmed that medical problems were promptly reviewed and addressed. Primary care services and general practitioners were readily accessible when required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that residents were consulted and could actively participate in the organisation of the centre. The records of residents' meetings conveyed that residents were consulted about activities, menus and how the centre was organised. The records also indicated that residents were informed about the COVID-19 pandemic, the visiting restrictions that applied at varied times during the year, how they could communicate with their relatives and how they would be supported by staff to keep in touch by telephone and video technology.

The inspector observed that residents' choice with regard to their day-to-day routines as described in their care plans was respected. Residents confirmed that they could get up when they chose, return to their rooms or spend time with others in the communal rooms as they wished. They were remaining on their respective floors to limit the infection control risk and said they had been advised of the reasons for this.

Residents had plenty of well organised storage areas in their bedrooms. The inspector saw that personal clothing was looked after carefully and returned in good condition to residents. Residents told the inspector that they had no problems with the laundry service.

During the lunch and tea time periods staff were observed to offer assistance to residents who needed help promptly and in a respectful manner.

There were activity staff employed however as described earlier the allocation according to the rota was not consistent and did not ensure that residents had access to a consistent regular programme of organised social care and entertainment every week at a time when other social opportunities that residents normally had such as visits were severely restricted. However despite this residents said that there were several options available to occupy them. There said there were books and newspapers available and that they had plenty of films and DVDs to watch. The inspector noted that a book case was centrally located and had a good supply of books. There were comfortable chairs nearby where residents could sit and enjoy time reading. Residents who spent time in their rooms were visited regularly by staff who checked on them and who spent time chatting. Residents had access to mobile telephones, to technological devices,

televisions and radios to help them keep in touch and up to date with local and national news.

Visits were very limited in accordance with level 5 COVID-19 restrictions. A visiting booth that enabled visits to take place safely and that was easily accessible from the outside had been organised on the ground floor.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 6: Changes to information supplied for registration purposes | Not compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0031788

Date of inspection: 27/01/2021

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 |
|---|---------------|
| Registration Regulation 6: Changes to information supplied for registration purposes | Not Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: This information has been supplied and all notifications are up-to-date. Comprehensive information will be supplied in all notifications. Complete 04/12/2020.</p> | |
| Regulation 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing needs of the home are reviewed weekly with the PIC, the Quality and the HR teams. As part of the nurses induction we routinely roster them for care shifts so that they can get to know the residents needs. The company believes that this is a very important element to their induction. HCA positions have been advertised consistently since 10/11/2020. 11 new positions were appointed in 2021. To supplement this we recently held a very successful virtual recruitment day on 30/03/2021 and a further 6 positions were appointed. These are currently waiting to be Garda Vetted and referenced checked. Multi Task Attendants and Social Care Practitioner positions have also been included in this recruitment drive. Additional activities hours are now rostered. Ongoing.</p> | |
| Regulation 16: Training and staff | Not Compliant |

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| development | |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff can access a wide range of training & education programmes.</p> <p>All staff are supervised in their duties by the PIC, APIC, CNM, SSN and Nurse in Charge. The PIC assesses the skill mix of staff and completes the rosters accordingly. Rosters ensure that staff are allocated in order to ensure supervision. Furthermore, the layout of the centre lends itself well to staff supervision. The nurse in charge for each shift is now highlighted on the roster.</p> <p>Fire orientation is completed on the first day of induction for all staff. Formal fire training for the most recently recruited new staff is scheduled and will be complete by 31/04/2021.</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider Representative/Company Director is onsite at a minimum of twice per week in order to oversee operations whilst the home is establishing itself. The Quality & Governance Coordinator, the Quality Manager and the company IPC lead were onsite weekly.</p> <p>No nurse will be rostered as nurse in charge until they have completed their formal fire training. The company has a contract with 3 agencies and during the recent suspected Covid-19 cases all shifts were covered by both Sonas Knock staff and agency staff. Staff can also be deployed from other Sonas nursing homes, four of which are nearby. A review of the staffing has taken place and additional recruitment has also taken place. This includes the appointment of an experienced PIC.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Formal Fire training was scheduled for 02/02/2021 and is now complete. No nurse will be rostered as nurse in charge until they have completed their formal fire training. Fire orientation is completed on the first day of induction for all staff. Formal fire training for</p> | |

the most recently recruited new staff is scheduled and will be complete by 31/04/2021.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regular engagement with and feedback from residents is sought in order to plan an activities programme which meets their needs. The visitors booth and visiting has been re-activated following a reduction in the high levels of Covid-19 in the community. The activities schedule and roster will be kept under review in line with occupancy changes. Activities hours have been increased and are consistent. The PIC has met with the activities team and a plan is in place for each resident according to their wishes and needs.

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 |
|-----------------------------------|---|-----------------|--------------------|---------------------------------|
| Registration Regulation 6 (2) (b) | Notwithstanding paragraph (1), the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 2. | Not Compliant | Orange | 04/12/2020 |
| 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 | 30/04/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff | Not Compliant | Orange | 30/04/2021 |

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| | are appropriately supervised. | | | |
| 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 | Red | 05/02/2021 |
| 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. | Not Compliant | Red | 05/02/2021 |
| 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 | Not Compliant | Red | 05/02/2021 |

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| | procedures to be followed should the clothes of a resident catch fire. | | | |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 30/04/2021 |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Substantially Compliant | Yellow | 30/04/2021 |