



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ard Na Greine
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Bothar na Cé, Enniscrone, Sligo
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0005421
Fieldwork ID:	MON-0035018

## About the designated centre

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

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

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

Number of residents on the date of inspection:	41
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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
Tuesday 30 November 2021	10:30hrs to 18:00hrs	Catherine Sweeney	Lead
Tuesday 30 November 2021	10:30hrs to 18:00hrs	Nikhil Sureshkumar	Support

## What residents told us and what inspectors observed

On arrival to the centre inspectors met with the management team. Inspectors spoke with 10 residents throughout the day of the inspection. Inspectors also observed how the residents spent their day and how they were facilitated and supported by the staff.

A review of the existing designated centre and the completed building works found that works were completed to a high standard. New bedrooms were spacious and comfortable and met the requirements under Schedule 6 of the regulations.

The atmosphere in the centre was relaxed and residents were observed mobilising freely around the centre and spending time in the communal areas. Some residents preferred to spend most of their time in their bedrooms where they had access to television, radio, the internet and local and national newspapers. Residents bedrooms were seen to be appropriately decorated and residents were encouraged to have personal items and photos in their bedrooms.

Interaction between staff and residents was observed to be kind and respectful. Staff referred to the residents by name and demonstrated an awareness of the residents care plan and personal preferences.

Residents told the inspectors that they were happy living in the centre and that the staff were kind and cared for them with respect.

Resident told the inspectors that they felt comfortable bringing their concerns and queries to the management team. They referred to the person in charge by name. Residents were aware of the process of making a complaint and told inspectors that issues were always listened to and addressed. Residents told inspectors that they felt safe in the centre. One resident told inspectors that they would like to make changes to their accommodation and so they were going to bring it up at the residents meeting forum, which was held on the day of the inspection. Inspectors observed that the resident meeting was an effective forum for residents to discuss their issues and to be involved in decisions around their care.

There was an activity coordinator working in the centre on the day of the inspection. Activities were facilitated in one of the three communal sitting areas. The activity coordinator alternated the rooms, depending on the activity. For example, the inspectors were informed that the conservatory was used for bingo as it was the largest room in the centre and more residents could attend. Inspectors observed ball games and exercises, as per the schedule, taking place in the lounge with eight residents actively participating. Other residents were observed spending time in their bedrooms. Some residents told the inspectors that the activities were great when the activities coordinator was on duty but on the days they were off, the days were long and boring, as there was nothing to do. Another resident told the inspectors that they were not interested in the activities offered and that they preferred to stay

in their room.

Inspectors observed that the activity coordinator spent their time in the communal areas and was therefore not available to spend one-to one time with residents who did not wish to participate in group activities. Individual activity time was not scheduled into the centre's activity schedule.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

Overall, inspectors found that care was delivered to a high standard and that the centre was well managed. Residents reported enjoying a good quality of life in the centre.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Inspectors also followed up on unsolicited information submitted to the Chief Inspector in relation the care standards and staff training in the centre. This information was not substantiated on this inspection.

The provider had notified the Chief Inspector in relation to an incident which may have posed a safeguarding risk to residents. Inspectors followed up on the action taken by the provider to address this risk. Inspectors found that a review of the centre's policy and procedures was required to ensure that action taken was in line with the HSE (2014) Safeguarding Vulnerable Persons at Risk of Abuse National Policies & Procedures.

The provider had submitted an application to vary the registration of the centre following extensive building and renovation works. The provider had applied to increase the occupancy of the centre to increase from 49 to 58 registered beds. Inspectors reviewed this application on this inspection with a focus on regulation 17, premises, regulation 15, staffing and regulation 23, governance and management.

Inspectors also reviewed the action taken by the provider to address the non-compliance found on the last inspection in February 2021.

The findings of this inspection were that that significant improvement had been made to the governance and management of the centre. Improvement was also noted in complaints management and staff training and development. A review of the protection policies and procedures was required to ensure that action taken was in line with the national standards.

The organisational structure was clear and the lines of authority and accountability were clear. The person in charge was supported in the day-to-day management of the centre by a regional manager and a quality and governance coordinator. In the centre, the person in charge was supported by an assistant person in charge and two clinical nurse managers. This nursing team provides nursing oversight to a team of nurses and carers.

The provider had completed a review of the governance management systems in the centre since the last inspection. The systems were now recorded in a way that facilitated review and effective oversight. This improvement was evident in areas such as risk management, complaint management, auditing and staff meeting and communications.

A review of staffing was required to ensure that all the vacant positions in the centre are recruited and additional staff for the proposed increase in registered beds are also in place prior to increasing the occupancy of the centre. The provider had developed a staffing and admission strategy as part of the plan to increase occupancy.

Improvement was noted in the training and development of staff. All staff had received training appropriate to their role. A training matrix was available for review. This training record was used by the management to ensure that any gap in training could be quickly identified and corrected.

### Regulation 15: Staffing

While staffing on the day of the inspection was adequate to meet the needs of the residents, inspectors were not assured that the centre had sufficient staff available to sustain the current staffing model and to ensure safe staffing levels if occupancy increased in line with the additional beds in the designated centre. The provider was in the process of recruiting an activity coordinator, health care assistants, a catering supervisor and cleaning staff.

A review of the levels of cleaning and activity staff was required to ensure that levels were adequate to meet the needs of the residents.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A review of the training matrix in the centre found that all staff had received mandatory training including safeguarding, fire safety, manual handling, the management of responsive behaviours and infection prevention and control. This

was an addressed action from the last inspection.

There were adequate supervision arrangements in place and staff reported being well supported by the management team. A review of staff files found that newly recruited staff had completed a comprehensive induction which included fire safety.

Judgment: Compliant

### Regulation 21: Records

Records were easily accessible and made available for review in an effective and timely manner. This is a completed action from the last inspection.

Judgment: Compliant

### Regulation 23: Governance and management

Significant improvement was noted to the governance and management since the last inspection. The provider had reviewed and improved the systems in place to oversee care delivery. For example,

- A live risk management system was in place and available to all staff.
- Audits had been reviewed and now contained detail specific to the centre. Audits were seen to identify areas of quality improvement, included a root cause analysis and a straight forward action plan delegated to an appropriate member of staff.
- Complaints management was in line with requirements under Regulation 34
- Management and staff meeting notes documented discussion and communication in relation to risk, audit results and issues raised by residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed and contained all the detail required under Schedule 3 of the regulations. This is a completed action since the last inspection.

Judgment: Compliant



## Regulation 34: Complaints procedure

Inspectors reviewed the complaints policy, procedure and the complaints log and found that complaints and concerns were managed in line with Regulation 34. Complaints and concerns were detailed and described the investigation and response to the complainant. The satisfaction of the complainant was also recorded. Complaint detail and management was discussed at the monthly quality and safety meeting in the centre. This is a completed action from the last inspection.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that the care needs of the residents were met to a high standard. Residents reported being well cared for and inspectors observed care delivered to be respectful and person-centred. Care was well documented on an electronic nursing documentation system and available to all appropriate staff. Residents had access to appropriate health and medical care.

Improvement was required in relation to the policy and procedure in place to ensure the protection and safeguarding of all residents in the centre.

Most areas of the centre were visibly clean on the day of the inspection. The provider had systems in place to ensure cleaning was completed to a high standard. A review of the level of cleaning staff was required to ensure the systems could be maintained. The centre had remained free from COVID-19 throughout the pandemic. There was a comprehensive contingency plan in place in the event of an outbreak.

Inspectors reviewed the systems in place to ensure residents safety and found that improvements had been made since the last inspection. The provider had revised the risk management system, making it more accessible to staff and ensuring the detail was relevant to the identified risks in the centre.

As part of the assessment of the application to vary the conditions of registration inspectors reviewed the bedroom accommodation in the centre. The new bedrooms and the refurbished bedrooms were spacious and comfortable. A review of the layout of two of the established bedrooms was required to ensure that the needs of residents accommodated would be met in line with the requirements under Schedule 6 of the regulations.

The provider had ensured that the new areas of the centre had been connected to the fire safety systems in the centre. The staff had completed a number of fire drills, using night-time staffing levels to provide assurances that the new bedroom

compartments could be safely evacuated in the event of an emergency.

A fire risk assessment had been completed by the provider and submitted with the application. Inspectors reviewed the progress of the work required in the fire risk assessment and found that there were a number of outstanding issues to be addressed.

Overall, residents' rights were found to be met and residents were facilitated to have a voice in the centre. Residents reported feeling safe and well cared for. A review of resident access to social care support was required to ensure adequate levels of staffing available to deliver social care and appropriate opportunities for social engagement.

Regular residents meetings were facilitated and residents were encouraged to voice their concerns, wishes and preferences. Meetings were well documented with action plans identified. Residents had access to television, radio, newspapers and the internet. Access to independent advocacy was facilitated when required.

### Regulation 17: Premises

While most of the bedrooms in the centre were observed to be spacious, inspectors identified two rooms in the centre, one single room and one twin room that did not meet regulatory requirements. The single room accommodated a resident with complex care needs. The size and layout of this room did not meet the assessed needs of this resident and required review. The size and layout of a twin room, currently occupied by one resident as a single occupancy room, was not suitable to accommodate a second resident in this room. The second bed space did not have sufficient space to enable the resident to mobilise around their bed or to sit in a comfortable chair by their bedside.

Judgment: Substantially compliant

### Regulation 26: Risk management

A review of the risk management system found that, as per the centre's policy, clinical and environmental risks were identified, with appropriate intervention and review dates documented. These risks were reviewed monthly at the quality and governance meetings.

A live risk register was also in place on the electronic documentation system. This system enabled all staff to access the intervention and controls in place to manage everyday risks such as responsive behaviours, the risk of fire due to residents who wished to smoke, and fire safety and evacuation procedures.

The provider had risk assessed the on-going building works and the associated impact of the residents quality of life while building was in progress.

Inspectors reviewed the accident and incident log and found that incidents were well documented and investigated and that action had been taken to address learning identified following an incident.

Judgment: Compliant

### Regulation 27: Infection control

A comprehensive cleaning schedule and robust system of audit and supervision had recently been introduced. Cleaning trolleys were seen to be clean and organised, with colour-coded cloths and mops available in line with national guidelines.

A review of the cleaning schedule found that some of the schedules had not been completed. The inspectors concluded that a review of cleaning staff was required to ensure all areas in the designated centre could be effectively cleaned. This issue is addressed under Regulation 15, staffing.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had completed and submitted a fire risk assessment by a competent person prior to the inspection. The outstanding actions on this assessment were followed up by inspectors on the day of the inspection. The provider gave an assurance that a completion certificate would be submitted to the Chief Inspector as soon as it was available.

Inspectors reviewed the fire documentation register and found that there was a system in place to ensure the fire system and fire fighting equipment was checked on a weekly or monthly basis, as required.

All staff had participated in emergency fire drills, including the evacuation of the newly built areas in the centre. The largest compartment in the centre accommodated 10 residents. Assurance was required that staff could safely evacuate this compartment with night time staffing levels in the event of an emergency.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Each residents had a comprehensive assessment completed and this assessment guided the development of a person-centred and detailed care plan. Staff were observed to be very familiar with the residents care plan.

Judgment: Compliant

## Regulation 6: Health care

The residents had access to a doctor of their choice. There was also support available from allied health care professionals such as dietitians, chiropodists, physiotherapists, and speech and language therapists. The residents were also supported by the community palliative care and psychiatry for later life teams.

The recommendations made by the allied health care professionals was incorporated into the residents care plans.

Judgment: Compliant

## Regulation 8: Protection

A review of the investigation in relation to a potential safeguarding incident found that the centre did not have a robust safeguarding system and that the policy and procedures for managing a potential safeguarding incident were not in line with the National standards. For example,

- no preliminary screening had been completed,
- cause for concern had not been established,
- there was no safeguarding plan in place for a vulnerable resident.

Judgment: Not compliant

## Regulation 9: Residents' rights

A review of residents' access to appropriate activity and social engagement was required, in particular, for residents who did not wish to participate in group activities.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0035018

Date of inspection: 30/11/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            An additional activities/recreational therapist has been recruited and appointed. A social care practitioner has also been recruited and appointed. An additional CNM has been recruited and appointed. Complete.</p> <p>HCA recruitment is ongoing.</p> <p>The catering supervisor role is advertised.</p> <p>Additional cleaning hours will be rostered when the additional beds are occupied.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The layout of the single room accommodated by a resident with complex care needs has been reviewed and the following actions have been implemented: bedroom furniture has been repositioned in the room in order to facilitate full access to the wash-hand basin, the TV has also been repositioned and the resident now has a better view of the TV from both the bed and the chair. Complete.</p> <p>The twin room, currently occupied by one resident as a single occupancy room, will continue to be used as single occupancy room. The SOP has been updated. Completed.</p> <p><b><i>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the action taken will result in compliance with the</i></b></p>	



**regulations.**

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The outstanding actions on the Fire Risk Assessment are being addressed. Completion certificate will be submitted to the Chief Inspector on completion of these works. 01/03/2022.

Fire Drills have been completed to assure that the largest compartment in the centre accommodating 10 residents can be safely evacuated with night time staffing levels in the event of an emergency. Evacuation times were 3.5 minutes on the most recent drills which took place on the 02/12/2021 and 10/01/2022 respectively. PEEPs and risk assessments will remain under continuous review. Complete and ongoing.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The company safeguarding policy has been reviewed and updated and same discussed with staff. 21/12/2021. The quality team will ensure that all procedures in the policy are adhered to. Ongoing.

Individual risk assessments in place. Complete.

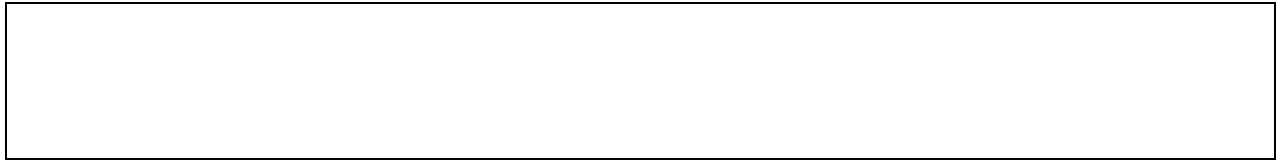
Safeguarding care plans have been developed for the electronic care planning system these have been individually applied where appropriate. Complete.

Screening assessments are also in place. Complete.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
An additional activities/recreational therapist has been recruited and appointed. A social care practitioner has also been recruited and appointed. Complete.

This will enable the enhancement and further development of individual social, therapeutic and recreational care plans for all residents. 28/02/2022.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2022
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	20/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/03/2022

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	22/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2022