



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Innis Ree
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyleague, Lanesborough, Roscommon
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0033559

About the designated centre

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

Sonas nursing home Innis Ree is a purpose built centre for older people that accommodates 58 residents. It is located in the village of Ballyleague approximately 14k from the town of Roscommon and Longford and overlooks the river Shannon. The centre provides care for male and female residents requiring long term, respite, convalescent and dementia care. The ethos of the centre as described in the Statement of Purpose is one of resident-centredness and the motto is "We work in your home". Residents' accommodation is provided on the ground floor and comprises five separate communal areas, each with dining facilities reflecting a household model. There are 54 single bedrooms and two twin bedrooms all with en-suite shower and toilet facilities. Bedrooms are spacious and have good storage space and each room has a kitchenette which has a fridge, worktop and cupboards, a kettle and a washing machine. The building makes good use of natural light and en-suites were suitably ventilated. There are ample corridors for residents to walk and the centre has landscaped gardens surrounding it and an enclosed courtyard garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 15 September 2021	10:30hrs to 16:30hrs	Catherine Sweeney	Lead
Thursday 16 September 2021	11:00hrs to 15:30hrs	Catherine Sweeney	Lead
Thursday 16 September 2021	11:00hrs to 15:30hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

Inspectors spoke with ten residents during the two day inspection. Overall, residents spoke positively of all staff and of the care that they received. Residents described the centre as a safe and comfortable place to live. Residents were observed mobilising independently throughout the centre and the outdoor spaces over the two days of inspection.

The centre had remained free from an outbreak of COVID-19 throughout the pandemic. National restrictions such as mask-wearing and social distancing remained in place. A number of residents told inspectors that they found it difficult to hear staff and visitors due to the masks. Residents told the inspectors that they were 'fed up' with the restrictions and looked forward to 'some return to normality'.

Most of the residents stated that they felt safe in the centre and identified the person in charge as the person they would speak with if they had an issue or a complaint. A small number of residents stated that they felt that they would not like to 'complain and get people into trouble'.

Residents explained that staff were always kind and respectful in their dealings with them. However, all residents spoken with stated that the staff always seemed very busy. They explained that they would often wait extended periods of time waiting for their call bells to be answered and that this was especially evident during the weekends. There was no bell audit available for review on the day of the inspection, however, the provider gave an assurance that an audit would be completed following the inspection.

Residents reported that there was very limited social activity in the centre. They explained that there were few opportunities for social engagement and that this was a situation that had deteriorated over the past few months. Residents explained that there were no activities scheduled. One resident stated that while there may be an activity such as bingo organised, it would take place 'if the staff had time'. The resident explained that 'half the enjoyment of an activity is knowing that it is planned and looking forward to it'. Most residents spoken with reported finding the day long and boring.

Residents were observed being facilitated to attend Mass on the day of the inspection and there was a live music event organised for the afternoon. However, on the days of inspection, inspectors observed residents spending extended periods of time alone without any opportunity for social engagement.

The centre is a purpose-built single-storey building with large spacious bedrooms. Each bedroom was observed to be personalised with photos, furniture and pictures from home. Rooms were bright, well ventilated and equipped to promote independence with a kitchenette and laundry facilities.

When a call bell was used, a green light would come on above the resident's bedroom door. The call bell panel was located at the reception desk, which was a significant distance from the bedroom units. When the bell alarmed, the staff were required to attend reception and identify the location of the bell, then return to attend to the resident. During weekdays, rather than the care staff attending reception, an administrator would call the bedroom number out on the loudspeaker system in the centre. This loud speaker system was loud and interfered with normal conversation within the centre. Inspectors had to discontinue conversations with residents on a number of occasions due to the volume of the loud speaker system. Resident told the inspectors that 'it was something you get used to'. However the inspectors found that the call bell system was ineffective and intrusive to residents and was not in keeping with the ethos of a homely environment for the residents.

All residents spoken with commented on the high quality of the food on offer in the centre. They enjoyed the choices available and that they had a choice of having their meals in their rooms or the dining rooms. Residents confirmed that refreshments and snacks were available throughout the day.

Capacity and capability

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).

The inspectors also followed up on a number of concerns received through unsolicited information which were received by the Chief Inspector in relation to the safety of residents in the centre. This information was found to be partially substantiated with findings of this inspection indicating that improvements were required in the governance and management systems and the provision of activities in the centre.

The provider of this centre is Sonas Nursing Homes Management Co. Ltd. The management team consists of a person in charge who is supported by a regional quality manager and a quality and governance coordinator. Within the centre, the person in charge and a clinical nurse manager provide oversight and support to a team of nursing, care and support staff. This inspection was facilitated by the regional quality manager and the clinical nurse manager as the person in charge was on leave on the day of inspection.

A review of the rosters found that the staffing level required review in order to adequately meet the assessed needs of the residents. The number of staff available did not reflect the staffing identified in the centre's statement of purpose. The provider was in the process of recruiting nursing and health and social care staff.

The provider informed the inspectors of a plan to recruit multi-task attendants to assist with the kitchen, cleaning and laundry duties in the centre. The proposed

staffing structure did not reflect the staffing committed to by the provider in the statement of purpose. The provider gave assurance that

- the statement of purpose would be updated to reflect changes in the staffing structure
- multi-task attendance would work as support staff and would not be involved in the delivery of direct care to residents.

Inspectors found that mandatory training had been completed by all staff in relation to fire safety, safeguarding and infection prevention and control. As a result, staff were aware of their responsibility to keep the residents safe and had appropriate knowledge and skills in these key areas.

Governance systems such as policies and procedures, complaints management and staff communication systems were found to be well managed and effective. The provider was in the process of introducing a number of new governance systems to the centre including risk management, clinical and environmental audit and an electronic nursing documentation system. A risk assessment was in place that identified the risks associated with information governance and system change however, there was no clear plan in place to ensure that resident information and governance systems such as risk management would be transferred to the upgraded system in a timely and effective manner.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the requirements of Regulation 34. An annual review of the quality and safety of care delivered from 2020 was completed and available for review.

Regulation 15: Staffing

A review of the staffing level required to meet the social care needs of the residents was required. The provider confirmed that activities were being facilitated by the care staff while a process of recruitment for an activity coordinator and a social care practitioner was on-going. Residents voiced their dissatisfaction in relation to the provision of social care to the inspectors on the day of the inspection.

Resident also reported significant delays in staff response times to call bells. While a review of the roster indicated adequate levels of care staff, there appeared to be an expectation that care staff would provide activities and social engagement for the residents, as well as look after their laundry and personal clothing, as part of their role. This meant that staff had less time to deliver the direct physical care needs of the residents and to answer residents' call bells promptly.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the training records for staff found that all mandatory training including fire safety, safeguarding vulnerable adults, manual handling and, infection prevention and control had been completed.

A training requirement for supervisory staff involved in quality management was identified and discussed further under regulation 23, Governance and management.

There was adequate staff supervision arrangements in place.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of the centre. This was evidence by

- the designated centre did not have sufficient resources to ensure delivery of effective care in accordance with the statement of purpose, particularly in relation to the provision of social care.
- the management systems in place were not effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example, there was a falls audit completed which was reviewed by the inspectors. Information collected during the audit including, the time, day and location of falls was not analysed and used to develop an effective quality improvement plan. Instead, generic nursing interventions were identified as recommendations from the audit. Inspectors found that training was required to ensure all staff involved in clinical and environmental audit and oversight had appropriate training.
- the risk management system was not reviewed and updated to reflect on-going risks. For example, the risk management system was documented in two formats, on the electronic nursing system and on a spread sheet, resulting in identified risks not being updated and limiting appropriate staff access to the risk register.
- the current system of record keeping required review. Inspectors acknowledge that the provider was in the process of upgrading the system of record keeping in the centre, however, the interim arrangements for record keeping were disorganised and did not facilitate a comprehensive review of the governance systems in place in the centre. For example, incidents and accidents were recorded in two separate folders, the risk management system was documented in two formats, and the nursing documentation was recorded in a manner that did not identify how assessments guided the development of residents care plans.
- the directory of residents did not contain all information required under

Schedule 3. This was evidenced by incomplete resident personal information and inconsistent recording of a residents cause of death.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints policy and procedure in place, which met the requirements of regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with regulatory requirements and there was a comprehensive record kept with the detail of any identified learning discussed at management meetings. Complaints had been promptly investigated and closed off with the complainants level of satisfaction recorded.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care was found to be delivered to a satisfactory standard. Residents reported feeling safe and well cared for. All assessment and care plan documentation in the centre was paper-based. The inspectors reviewed a sample of resident files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements.

However, the findings of this inspection was that the documentation of nursing assessment and care planning required review. While each resident had a completed assessment and care plan in place, the care plan was not always informed by the assessment completed. For example, a resident who had been assessed as being at high risk of falling, did not have a mobility or falls risk care plan on file. Care plan reviews also required improvement.

Residents were found to be well supported by a team of local doctors and appropriate referrals to allied health care services had been made, when required.

The centre had remained free from COVID-19 throughout the pandemic. The provider had a COVID-19 contingency plan in place and risks associated with the infection were included in the centre's risk register. There was a cleaning schedule in place. The cleaning staff spoken with demonstrated a good knowledge of cleaning schedules and protocols. The centre was visibly clean and clutter free on the day of the inspection. Cleaning trolleys were organised and contained the equipment and

cleaning solutions required to maintain effective infection prevention and control. Monitoring systems for the detection of symptoms of COVID-19 such as temperature and symptom declaration were in place for residents, staff and visitors.

A comprehensive risk management policy and system of risk management had recently been introduced. An electronic risk register was reviewed and found to identify a suite of clinical and environmental risks. Some risks reviewed were well documented and managed, however, some risks had not been reviewed and updated in line with the risk management policy. Staff, including the nurse management team had limited access to the risk register and could not access, update or review some risk assessments.

The provision of facilities for occupation and recreation, and the opportunities for residents to participate in appropriate activities did not ensure that all residents could participate in meaningful occupation and entertainments in line with their ability to participate. Residents told inspectors that they were often quite bored and that days felt long. Requests for various activities had been raised in monthly resident's meetings. The provider had responded to some of these requests and new activities were tried, however the activities did not continue on an on-going basis. A very limited activity schedule was in place, with two activities scheduled daily. Residents told inspectors that activities such as bingo or music would happen occasionally but residents did not know when they would take place.

Notwithstanding the on-going recruitment effort for social care workers, the lack of available staff to support the social care needs of the residents was impacting the quality of the residents lives in the centre.

Regulation 11: Visits

Visiting was observed to be facilitated throughout the two days of the inspection. Residents reported that visits from their families and friends greatly enhanced their quality of life in the centre. Residents were facilitated to have visitors in the privacy of their own room. Residents could also entertain visits in the communal and outdoor areas of the centre.

A visiting coordinator was employed for three days per week to facilitate and organise safe visiting to the centre.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control systems reviewed on this inspection were

found to meet the requirements under regulation 27.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors found that some assessments and care plans did not reflect the resident's current needs and the care that was being delivered to the residents on the day of the inspection.

In addition, the way that the care plans were written, the more recent information in relation to the resident's current needs was not set out clearly and as a result, in some cases, staff were working from previous assessments and care plans, which did not reflect the current needs of the residents.

Judgment: Substantially compliant

Regulation 6: Health care

A review of a sample of residents nursing notes found that residents had appropriate access to a doctor of their choice. Residents were also supported by a team of allied health care professionals such as a physiotherapist, a dietitian, and a speech and language therapist. Access to an occupational therapist was through referral to the local community services and access was limited. The provider gave an assurance that timely referral to an occupational therapist would be facilitated in line with the detail of the centre's statement of purpose.

Residents were also supported by the community palliative care and psychiatry for later life teams. The recommendations from these multi-disciplinary teams were added to the residents care plan.

Judgment: Compliant

Regulation 9: Residents' rights

A review of the systems in place to ensure compliance with regulation 9, residents rights was required. This is evidenced by

- lack of staff resource to provide social care and activities in line with centre's Statement of Purpose
- resident feedback in relation to the provision of activities

- limited activity schedule
- the use of a loud speaker to facilitate staff communication and to alert staff to call bells had a negative impact on the residents living environment.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0033559

Date of inspection: 16/09/2021

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: We wish to assure the Chief Inspector that our centres recruitment campaign is ongoing. At present, recruitment & retention in the private sector of health care is a national issue and we are challenged by ongoing recruitment campaigns in the public and agency sector. We have recently implemented a focused recruitment and retention strategy in effort to retain our staff. Ongoing.</p> <p>Our SOP has been reviewed to reflect the numbers of staff available to the centre in each department. A live staffing table is maintained and updated onsite. Ongoing.</p> <p>We are trying to recruit for multi-task assistants who will be employed to support the social model and individual living design of Sonas Innis Ree. Ongoing.</p> <p>Following the inspection, we completed a call bell audit and are assured re. the results from same. We will conduct these more regularly and will discuss the findings with our team. Complete and Ongoing.</p> <p>We have increased the visiting coordinators hours to so that activities can be provided by this employee and therefore support the teams in each living unit with providing meaningful activities. 01/11/2021. Complete.</p> <p>We have also supplemented the internal provision of activities with external provision (cognisant of a Covid-19 risk assessment). These activities include: Music, Dog Therapy, Weekly bingo, Movement to music group twice weekly and an arts & crafts group weekly. Complete.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The center has now permanently deployed an experienced APIC from another Sonas centre. This will significantly support the team with the implementation of all Sonas procedures and systems. The home also has an experienced CNM & SSN. Both the APIC & CNM are super nummary on the roster. The home management team is supported in their roles by the regional Quality Manager and the Quality & Governance Coordinator. Complete.</p> <p>The home which has recently become a Sonas home is moving from paper-based records to computer-based records. This will give significantly better record governance and remote governance and will avoid gaps such as the cited falls audit action plan. We had recognised the risk associated with this project and had completed a risk assessment for same. In order to minimize this risk we have now escalated the completion date of the project to 30/11/2021.</p> <p>The implementation of the computer-based systems including the training for same was still in progress when the inspection took place therefore, not all nurses had been assigned their full data access permissions. Following the inspection, all staff were assigned their permissions and now have access to the live risk register. Complete.</p> <p>The directory of residents is now available on the new database and causes of all deaths is and will be recorded. Complete.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The implementation of the computer-based system in the home will ensure that individual assessments and care plans are completed within the regulatory timeframe and/or as residents needs and wishes change. The home management team will ensure that assessments & care plans are developed in consultation with the resident and/or their representative and are reflective of the care needs assessed. In addition to this Sonas have also just introduced anew person-centred care plan audit commencing from November 2021. 30/11/2021.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We are committed to reviewing the current call bell system in place in the home. In the interim we have invested in a walkie talkies so staff are no longer using the intercom in addition to the call bells. Complete and Ongoing.</p> <p>We are currently conducting our annual review of our service (regulation 32D) and engaging with residents on what they would like for 2022. 31/12/2021.</p> <p>Provision of activities has been enhanced by the increase in contracted hours of current staff. We continue to advertise and hope to recruit additional resources. We will continue to supplement with external provision of activities and engage with the residents on what they would like for the coming months. 31/01/2022.</p>	

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	30/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/11/2021

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	01/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2022