



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:	27 July 2022
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0036474

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 27 July 2022	10:00hrs to 18:15hrs	Michael Dunne	Lead
Wednesday 27 July 2022	10:00hrs to 18:15hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Inspectors spoke with several residents during the inspection including residents who had recently moved into the service from another designated centre which had closed. Overall the feedback from the residents was positive about the staff and the quality of the care provided to them. However, a number of residents told inspectors that there was little to do and that boredom often set in. Some of those residents who had been recently transferred told the inspectors that the move had happened very quickly and they were unsure as to why they had had to leave their previous centre.

Inspectors observed staff and residents interactions and overall they were found to be supportive and respectful of resident rights, however inspectors did observe some task orientated interventions where resident's were not informed or consulted about the intervention beforehand. Inspectors also found that a call bell system currently in use had a negative impact on residents peaceful enjoyment of their environment. The system required staff to announce the room location for the call bell alarm over the loud speaker system. This increased the level of noise in the centre and did not promote the privacy and dignity of residents using the call bell system. Following the previous inspection the provider had implemented an alternative communication system to deal with this issue however this was not in use at the time of the inspection and the loudspeaker was still in use throughout the day.

Residents informed the inspectors that they felt safe in the centre and that they could talk to any staff member if they had a problem or a concern. Residents also said that they were aware that they could raise a complaint if they were dissatisfied with the service provided.

Residents were accommodated in mostly single en-suite bedrooms which were found to be spacious. The layout of these rooms provided residents with easy access to their personal belongings. All bedrooms seen on the inspection had a television in place. Many residents had chosen to personalise their rooms with family photographs, ornaments and mementos. Some areas of the premises such as corridors required refurbishment and decoration to address damage to walls and door fittings.

Residents who were independently mobile were seen moving about the centre throughout the day while residents who required assistance with their mobility were supported by staff however some staff moving and handling practices were not in line with safe practice. Staff responded to resident's request for support in a timely manner. A number of residents were observed to be supported to attend a mass service, some by means of a wheelchair, however some wheelchairs were observed not to have footplates in place. Inspectors pointed out this risk to the registered provider.

The centre was a single story building with residents accommodation located in four separate locations in the designated centre with each location having their own sitting room and dining room. Residents were seen being supported to have their meals in their designated dining rooms. The service was well-organised by the staff team. Food was transported to the dining rooms by means of a hot trolley which maintained the correct temperature for the meals served to residents. Residents who required assistance with their eating and drinking were supported in a dignified manner by the staff present during the meal service. Residents were provided with a choice of main meal and could also access alternative food should they not like what was on the menu. There was a selection of snacks and refreshments available for residents throughout the day.

The following sections of the report outline the inspection findings in relation to the governance and management in the designated centre and on how this supports the quality and safety of the service provided.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services to follow up on actions taken by the registered provider since the last inspection in September 2021. In addition, inspectors assessed the registered providers compliance with regard to a selection of regulations under the themes relating to quality and safety and capacity and capability. Inspector's found that there were actions required across a number of regulations in order for the registered provider to achieve compliance with the regulations and to ensure that the service provided was safe and effectively monitored.

The registered provider for this centre is Sonas Nursing Homes Management Co.Limited. There was a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of a person in charge who is supported by a regional quality manager and a quality and governance coordinator. A clinical nurse manager had recently been added to the management team. The remainder of the staff team consists of a team of staff nurses, health care assistants, household, catering, maintenance and administration staff. At the time of the inspection the registered provider was in the process of recruiting for four health care assistants, an activity coordinator, a part-time physiotherapist, a housekeeper and one catering staff.

A review of rosters found that there were sufficient numbers of staff available to support residents with their health and personal care needs however there was no regular support in place to support residents with their social care needs. While it is acknowledged that the provider did provide a dedicated activity resource since the last inspection, this was no longer in place for the last three months and resident's often found themselves with little to occupy their time. The allocation of health care staff to provide activity and social welfare support to residents was inconsistent and

limited resulting in a poor service for the residents.

The registered provider increased its social charge for new residents moving into the service from the beginning of May 2022, inspectors were informed that the social care charge funded support for the provision of activity and physiotherapy input for the residents. The registered provider had arrangements in place for residents to access temporary physiotherapy support until the vacant position had been filled.

The registered provider had a range of management systems in place to monitor the services provided, however more focus and effort was required to ensure these systems were implemented effectively and consistently to monitor the quality and safety of care and services and to ensure the needs of the residents living in the designated centre were met. While there were a range of audits in place to monitor the service with associated action plans in place, inspectors found that these audits did not always identify areas that required improvement. Where audits did identify areas that required improvements actions plans associated with these audits were not always completed.

Although there was management oversight of risks in the designated centre and reviewed in quality and safety meetings by the provider, inspectors found a number of risks which had not being identified by the provider and are discussed under Regulation 27.

Inspectors found that not all Schedule 2 records were in place for staff allocated to work in the designated centre. One staff member did not have the required documentation in place and as such the registered provider was in breach of Regulation 21.

The designated centre's complaints log records showed that the provider had received six complaints since the last inspection in September 2021. Records showed that all complaints were processed in accordance with the designated centre's complaints policy. Five complaints had been closed out with one still open complaint. A review of governance and management meeting records confirmed that complaints were discussed with a view to identify learning and to improve the service provided.

Regulation 14: Persons in charge

There was a person in charge who was solely employed in the designated centre and met the requirements as set out under regulation 14. The parson in charge was appointed to their current role in November 2021.

Judgment: Compliant

Regulation 15: Staffing

Inspectors observed that the skill mix of staff working in the designated centre on the day of the inspection was not appropriate to ensure that the social care needs of the residents were met. Although there were staff allocated to spend time with the residents in the communal areas staff on duty described their responsibilities as being to supervise the residents in the communal lounges and to provide one to one time for these residents. Staff were observed chatting with some of the residents in the lounge areas and carrying out activities such as arts and crafts for a short period in the morning, however not all residents were invited to take part or to join the group just to observe even if they did not wish to participate. Staff did not demonstrate an awareness or the skills required to engage with those residents who had higher levels of cognitive impairment to ensure these residents were able to participate in meaningful activity and social engagement in line with their preferences and capacities.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents in the designated centre was maintained by the registered provider and was made available for inspectors to review. The directory of residents detailed all the information regarding each resident as required by the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider did not maintain records for all staff working in the centre as required under Schedule 2 of the regulations. For example there were no records in place for one staff member regarding their garda vetting, their employment history or evidence of their identity.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents in

place which was renewed on the 2 March 2022.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not ensure that there sufficient resources in place to provide meaningful activities for all residents as set out in the statement of purpose. The statement of purpose set out the additional services that were provided and the costs for same including a additional weekly charge for activities and physiotherapy. At the time of the inspection there were vacancies in the designated centre for both physiotherapy and an activity coordinator which resulted in residents receiving a less than optimal service.

Inspectors were not assured that current governance and management systems that were in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Inspectors found admission assessments and up to date care plans were not in place for a number of residents.
- The risk management system the provider had in place was not effective in identifying risks present in the centre. For example risks as described under Regulation 17 did not have risk assessments or risk strategies in place to mitigate these risks.
- The provider failed to ensure that all staff working in the designated centre had the required documentation in place in accordance with schedule two of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place. The inspectors reviewed a sample of contracts and found that they had been signed by the resident or their representative. Contracts included any additional charges that were not included in the services to be provided under the Nursing Homes support scheme or otherwise however there was no option available which allowed the resident to opt out of these charges if they chose not to avail of the additional services.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which was made available for inspectors to review which set out the information as required by Schedule 1 of the regulations. The statement of purpose was reviewed on 25 July 2022.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure available in the designated centre which was accessible to residents and their families should they wish to register a complaint. Complaints received by the registered provider were discussed and reviewed at governance meetings in order to identify improvements to the service provided.

The designated centre's complaints log confirmed that all complaints were processed in accordance with the designated centre's policy and procedure and recorded the satisfaction levels of the complainant.

Judgment: Compliant

Quality and safety

The inspectors found that significant improvements in key areas such as assessment and care planning and social care provision were required to ensure that residents received safe and appropriate care in line with their needs and preferences. In addition improvements were required to ensure that the premises was well organised and maintained to a good standard for the comfort and safety of the residents.

Overall resident and staff interactions were marked by empathy and respect. However on two occasions the inspectors saw staff interactions that did not explain the care intervention that was needed and did not seek the resident's permission before staff commenced the intervention. A number of new residents had recently transferred to live in the centre from a neighbouring centre that had closed. Although the staff were able to describe resident's care needs to the inspectors they were not familiar with the resident's past lives and preferences for care and daily routines. In addition the residents' care records did not provide a personal history or a social care plan to inform staff about key information required to develop a person

centred approach to care.

Assessment and care planning processes were of a poor standard and a number of residents did not have a comprehensive assessment of their needs. This included some residents who had lived at the centre for a number of years whose assessments and care plans had not been reviewed in line with changes in their health and well-being.

Records showed that all residents had access to a general practitioner (GP) and allied health care services. However referrals to allied health care professionals such as dietitians and physiotherapists were not always made in a timely manner.

The premises was well laid out to meet the needs of the residents. There was sufficient communal space for dining and socialising and residents had access to a range of internal secure garden areas. Resident's bedrooms were spacious and all had en-suite facilities. Each room had a kitchenette with a fridge and washing machine. Residents who had the ability to make hot drinks were provided with a kettle if they wished to have one. Residents were supported to do their own laundry if they wished to do so. Large items of bedding were laundered in the main laundry on site.

The maintenance systems that were in place were not robust and had failed to ensure that the premises and all items of equipment were well maintained and kept in a good state of repair. This is discussed further under Regulation 17. In addition the storage in the building was disorganised and did not ensure that items such as clinical equipment were stored appropriately. The clutter in a number of rooms such as the laundry and the male changing room meant that these areas could not be cleaned thoroughly.

The communal areas were well used by the residents with the exception of one communal room located in what had previously been the day care service. This room was nicely laid out with tables set for dining along one area but was not in use as a dining room at the time of the inspection. The room was used for mass in the morning and left unused for the rest of the day. Several items were being stored inappropriately in this room such as a hoist and slings and boxes of personal protective equipment . Staff told the inspectors that the room had not been well used during the COVID-19 pandemic but would be brought back into use in the coming weeks.

Residents had access to televisions, radios and newspapers. Residents on Sliabh Bawn unit were observed reading the newspapers and chatting with staff about the days affairs and weather. One gentleman was watching television and staff were prompt to change channels for him when he asked to watch a particular programme. There was a pleasant relaxed atmosphere on the unit and it was evident that the staff knew the residents well.

Following the inspection in September 2021 the provider had recruited additional staff to ensure that residents had access to activities in line with their preferences and abilities to participate. However there were limited organised activities on the day of the inspection and residents were seen to spend long periods of time with

little to do and limited opportunity for social engagement. This is discussed further under Regulation 9.

The provider had taken reasonable precautions against the risk of fire and to ensure that residents and staff were safe in the event of a fire emergency. Staff who spoke with the inspectors were knowledgeable about what to do in the event of a fire. However improvements were required to ensure that all fire safety equipment certificates were available in the centre. In addition the provider was required to complete a night time fire drill scenario to ensure that residents in the largest compartment in the designated centre could be evacuated with night staffing levels. Furthermore more robust supervision was needed to ensure that staff did not use wooden wedges to keep fire doors open. This is discussed further under Regulation 28.

Regulation 12: Personal possessions

Residents were able to access and maintain control over their personal belongings. Resident's clothes were laundered on site and returned to them within 48 hours. Some residents were able to use the laundry facilities in their own bedrooms to wash and look after their clothes and personal items.

The inspector reviewed the records for two residents for whom the provider supported the resident with their finances. The records were clear and all transactions were signed by the resident or where the resident was not able to sign the records were signed by two members of staff. There were clear arrangements in place to ensure that residents could access their monies when they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the premises conformed to the following requirements of Schedule 6 of the regulations.

There was not sufficient suitable storage space in the designated centre. This was evidenced by:

- A range of items were being stored in the male changing room. This included archived residents' records and three black bags containing the personal items of a resident who no longer lived at the designated centre.
- Boxes of personal protective equipment (PPE) were stored on chairs and tables in communal room where mass was held.
- Hoist and slings were also being stored in communal room where mass was held.

- Walking frames were stored along fire exit route on corridor. These were removed at time of inspection.
- Items stored in the electrical cupboard included combustible items such as a rubber seating ring which should not have been in use, a foam mattress and other items of clinical equipment such as incontinence products and an intravenous drip stand.
- There was no dedicated area for laundry skips to be stored when not in use. As a result they were stored in sluice areas and in residents' communal bathrooms.
- Items such as bed pans and wash basins were stored on the floor in the sluice because there was not sufficient racking available.
- Hoists and wheelchairs were being stored in the laundry room.

The current maintenance programme did not ensure that equipment for use by residents was in good working order. This was evidenced by:

- Footplates not on wheelchairs being used to transfer residents to the day room for mass.
- Bedroom 34 the wardrobe was scuffed and in need of repair.
- Hoists slings were found left on top of a hoist and were not stored appropriately. In addition there was no clear system in place to say they had been laundered and were ready for re-use.
- The servicing and PAT testing of portable appliances and electrical items such as the washing machines and fridges in each bedroom had not been carried out.
- The iron in the main laundry room was cracked and broken. The iron had not been PAT tested and was not fit for purpose. This item was removed from use at the time of the inspection.
- Records were not available to show that rise and fall electrical beds and hoist battery chargers had been serviced in line with manufacturer's guidelines.

Some areas of the premises were not in a good state of repair. This was evidenced by:

- The corridors on Sliabh Bawn unit were scuffed and marked and in need of repair and redecoration.
- The outside garden areas were untidy and needed maintaining, grass cutting and the planted areas needed weeding. In addition some of the recently purchased garden seating was low and was not suitable for most of the residents.

Judgment: Not compliant

Regulation 20: Information for residents

The resident information guide that was made available for residents and their

families did not contain all of the information required under Regulation 20. The following information was not made available:

- A summary of the services provided in the designated centre.
- The terms and conditions relating to residence in the designated centre.
- The complaints procedure.
- The visiting arrangements that were in place for residents to see their families and friends.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider needed to take some actions to ensure that adequate precautions were in place against the risk of fire and that all residents in the designated centre were protected in the event of a fire emergency. These included:

- Robust supervision of staff to ensure that fire doors were not wedged or held open. The inspectors observed wooden wedges used to hold open the door from a corridor to the garden and smoking area, the kitchen door to the back corridor and the visitor's room leading to the reception area. In addition some bedroom doors were wedged open by waste bins and other items.
- The wooden gate from a secure garden to the assembly point in the car park was padlocked and there was no clear procedure in place to identify who held the key to the padlock and to ensure access to assembly point in event of a fire emergency.
- The metal shutter to close off the kitchen serving hatch was not attached to the centre's fire alarm system and there was no clear procedure in place to ensure that this hatch would be closed in the event of a fire in the kitchen area. In addition there were no safety checks in place to ensure that this hatch was closed when the kitchen staff were finished for the day and the kitchen was closed.
- The staff fire safety training records were not up to date on the day of the inspection. These were submitted to the inspectors following the inspection.
- Staff had not completed a night time scenario fire drill of the largest compartment in the designated centre to ensure that they could safely evacuate residents in a timely manner.
- Some fire testing certificates were not available on the day of the inspection. These included the emergency lighting quarterly test and the annual fire alarm testing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place for the administration of medications however the provider needed to take further actions to ensure that all medicines were administered in accordance with with the prescriber's instructions. For example:

Crushed medications had not been signed by the resident's general practitioner (GP).

In addition the inspectors found that some opened items such as creams had not been labelled with the date of opening and as such nursing staff were not aware of how long the product had been opened and the date after which this product should not be used.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were significant non compliance's in relation to the assessment of individual resident's needs and ensuring that arrangements were in place to meet the needs of the resident following assessment. For example;

- One resident who had been assessed as having significant nutritional risks and required referral to a dietitian had not been referred.
- Four residents did not have a social care needs assessment completed even though the assessment policy required Its All About Me to be completed for each resident. This meant that staff did not have the information they needed to develop a person centred care plan for each resident that took into account their wishes and preferences for care and daily routines.
- One resident who had a recent fall did not have an up to date falls risk assessment completed. As a result the resident was being cared for in a recliner chair which restricted his mobility and did not promote his independence and ensure he was able to mobilise safely with the appropriate mobility aid.
- A number of residents who had recently been admitted to the designated centre had not received a comprehensive assessment of their needs either prior to their admission or on their admission.

A number of residents did not have a care plan in place for their assessed needs. For example;

- Four residents did not have a social care plan in place to inform staff about their preferences for meaningful activities, recreation and preferred levels of social interaction.
- There was no up to date care plan in place for one resident who had a recent fall. The care plan in place was dated May 2022 and the resident had a fall in

June 2022. Two other residents did not have a mobility care plan in place despite having a needs assessment which identified that they were at risk of falls.

- No care plan records were available for the recently admitted residents and nursing staff informed the inspector that they were using the care plans that had been in place for these residents in their previous care centre and that these had been sent over with the residents from the previous care provider. This was not an acceptable or safe practice and did not ensure that staff had sufficient up to date information to provide safe and appropriate care for these residents.

Judgment: Not compliant

Regulation 6: Health care

One resident whose care plan identified a need for follow up with a tissue viability specialist nurse or dermatologist did not have this in place.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

One resident was seated in a recliner chair which restricted his movements. Staff informed the inspector that the resident was able to get up if the chair was in the upright position and that if he did stand up he was at risk of falling. This was an overly restrictive practice and was not in line with national policy published by the Department of Health.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had failed to take the necessary actions to address the findings of the last inspection in September 2021 to bring the designated centre into compliance with Regulation 9. This was evidenced by:

- The call bell system had not been upgraded since the last inspection and as a result the intercom system was still in use to direct staff to individual resident's rooms when they needed support. This did not uphold the resident's right to privacy and dignity. In addition the intercom system was

not in keeping with creating a homely environment for the residents.

- Although the provider had recruited additional staff to support residents with meaningful activities the inspectors found that on the day of the inspection there were limited activities organised for the residents apart from mass in the morning which was attended by five residents and the hairdresser who was visiting residents in their rooms throughout the day to do their hair. As discussed under Regulation 15 staff were allocated to spend time with the residents in the communal areas , however their focus was supervision of the residents and some 1:1 activities.
- The current contract of care did not ensure that residents could choose not to participate in additional activities that they did not wish to pay for. In addition it was not clear that where residents did not receive the additional services they were paying for that they would be refunded.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0036474

Date of inspection: 27/07/2022

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 are continuing to recruit to the post of Recreational Therapist to lead out on the social aspects of our residents care however our philosophy in Sonas has always been that social care and recreational activities are every member of staff's responsibility and this was observed on the day of inspection e.g. arts and crafts. We are committed to employing a recreational therapist and since the last inspection this position had been filled but had unfortunately become vacant again recently. In the interim we are availing of external activities providers who provide exercise classes and music sessions and we have daily mass. We are currently completing a full review of the residents social and recreational needs and seeking their feedback on same and we will develop an activities schedule which will address these needs. 30/09/2022.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff records are now compliant of Schedule 2 of the regulations. Complete.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:
 At the time of inspection there was a significant project underway as the home moved from a paper-based system of recording to a computerised system of recording. We accept that this process took longer than originally anticipated. The new deadline for completion of same is 16/09/2022 and all required educational and mentorship resources have been provided in order to meet this deadline.

The physiotherapist position has now been filled. Complete.
 We are actively seeking to recruit a recreational therapist and interim are ensuring sufficient supply of activities delivered by external providers. We have also deployed the visiting coordinator to this role. Complete and ongoing.

A full review of the risks relating to Regulation 17 has been undertaken with the provider and the facilities and procurement departments. Works required have been escalated in the continuous improvement plan. The facilities department will have arranged for additional support to the maintenance team so that risks can be promptly identified and addressed going forward. Complete and ongoing.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 Our SOP clearly states that the additional services charge is optional. Our contract clearly outlines the various fees and this is explained in detail to the resident and/or their representative during the pre-admission assessment. Complete.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 full review of storage facilities is underway and will be factored in the next years capex budget. In the interim a general tidy up has been completed so that items are stored safely and appropriately and all items have been removed from the electrical cupboard. Staff meetings have also taken place to ensure that items which already have a designated storage area are stored there rather than inappropriately stored elsewhere – this is monitored daily by the PIC and nurse in charge as part of their walkarounds. Additional racking has been ordered for the sluice rooms. A full review of the issues relating to Regulation 17 has been undertaken with the provider and the facilities and procurement departments. Works required have been escalated in the continuous

improvement plan. The facilities department have provided additional support to the maintenance team so that immediate internal and external works can be readily addressed. Complete and ongoing.

- A range of items were being stored in the male changing room. This included archived residents' records and three black bags containing the personal items of a resident who no longer lived at the designated centre. Removed immediately.
- Boxes of personal protective equipment (PPE) were stored on chairs and tables in communal room where mass was held. Removed immediately.
- Hoist and slings were also being stored in communal room where mass was held. Removed immediately.
- Walking frames were stored along fire exit route on corridor. We ensure that this practice no longer happens through inspection on our walkarounds. Items stored in the electrical cupboard included combustible items such as a rubber seating ring which should not have been in use, a foam mattress and other items of clinical equipment such as incontinence products and an intravenous drip stand. Removed immediately.
- There was no dedicated area for laundry skips to be stored when not in use. As a result they were stored in sluice areas and in residents' communal bathrooms. This is under review and the solution will be factored in to the capex budget for 2023.
- Items such as bed pans and wash basins were stored on the floor in the sluice because there was not sufficient racking available. Additional racking has been ordered.
- Footplates not on wheelchairs being used to transfer residents to the day room for mass. This has been rectified.
- Bedroom 34 the wardrobe was scuffed and in need of repair. These are identified in the continuous improvement plan for replacement or repair.
- Hoists slings were found left on top of a hoist and were not stored appropriately. In addition there was no clear system in place to say they had been laundered and were ready for re-use. This has been addressed.
- The servicing and PAT testing of portable appliances and electrical items such as the washing machines and fridges in each bedroom had not been carried out.
- The iron in the main laundry room was cracked and broken. The iron had not been PAT tested and was not fit for purpose. This item was removed from use at the time of the inspection. Will be complete 14/10/2022
- Records were not available to show that rise and fall electrical beds and hoist battery chargers had been serviced in line with manufacturer's guidelines. These are now available.
- The corridors on Sliabh Bawn unit were scuffed and marked and in need of repair and redecoration. A painter was contracted and painting plan is in progress.
- The outside garden areas were untidy and needed maintaining, grass cutting and the planted areas needed weeding. In addition some of the recently purchased garden seating was low and was not suitable for most of the residents. The gardens are currently being tidied up and the garden furniture will be reviewed.

Regulation 20: Information for residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

At the time of the inspection the residents guide was being reviewed for reissue in September. This review has now been completed and the new guide which contains all

the information required by the regulations will be printed and distributed to our residents. 30/09/2022.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All wedges have been removed and staff have been retrained regarding the reasons for ensuring fire doors are not held open. Complete. The padlock on the garden gate has been removed providing free access to the fire meeting point in the car park. The procedure has been written up and discussed with staff. Complete.
Regular fire drills had taken place and we have now completed an updated drill using a night time scenario. Complete.
Our electrical contractor has been engaged to connect the shutter in the main kitchen to the fire alarm system 31/10/2022.
All fire testing certificate including emergency lighting quarterly tests and annual fire alarm testing have been submitted to the Chief Inspector. These are now retained onsite. Complete.
The quality manager reviews the fire safety training records on each site visit and will ensure that these are kept up-to-date. Complete.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All crushed medications are now signed by the residents GP. Complete. All creams are now dated when opened. Complete. All nursing staff have been met with in relation to the requirement for same. The PIC will monitor this daily on the walkarounds. All nursing staff in Sonas will be commencing a one-to-one CPD programme which is aimed at enhancing clinical knowledge and skills and this commences in October 2022

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

At the time of inspection there was a significant project underway as the home moved from a paper-based system of recording to a computerised system of recording. We accept that this process took longer than originally anticipated. The new deadline for completion of same is 16/09/2022 and all required educational and mentorship resources have been provided in order to meet this deadline.

Clinical KPIs are flagged in the PIC weekly report and now that the records are computerised the Quality Manager and the Director of Quality & Governance will be able to review these either remotely or onsite through this system – this will ensure more robust clinical governance. Furthermore, it will ensure that all assessments or care plans are kept up-to-date. 16/09/2022.

- One resident who had been assessed as having significant nutritional risks and required referral to a dietitian had not been referred. This referral has been sent.
- Four residents did not have a social care needs assessment completed even though the assessment policy required Its All About Me to be completed for each resident. This meant that staff did not have the information they needed to develop a person centred care plan for each resident that took into account their wishes and preferences for care and daily routines. These are now complete.
- One resident who had a recent fall did not have an up to date falls risk assessment completed. As a result the resident was being cared for in a recliner chair which restricted his mobility and did not promote his independence and ensure he was able to mobilise safely with the appropriate mobility aid. This was immediately addressed.
- A number of residents who had recently been admitted to the designated centre had not received a comprehensive assessment of their needs either prior to their admission or on their admission. This is now complete.
- Four residents did not have a social care plan in place to inform staff about their preferences for meaningful activities, recreation and preferred levels of social interaction. This is now complete.
- There was no up to date care plan in place for one resident who had a recent fall. The care plan in place was dated May 2022 and the resident had a fall in June 2022. Two other residents did not have a mobility care plan in place despite having a needs assessment which identified that they were at risk of falls. This is now complete.
- No care plan records were available for the recently admitted residents and nursing staff informed the inspector that they were using the care plans that had been in place for these residents in their previous care centre and that these had been sent over with the residents from the previous care provider. This was not an acceptable or safe practice and did not ensure that staff had sufficient up to date information to provide safe and appropriate care for these residents. This has been addressed and is now up-to-date for this designated centre.

Regulation 6: Health care	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 6: Health care: Wherever a resident is identified as requiring an ongoing referral to any other member of the multi-disciplinary health care team that referral will have been made and sent within 48 hours of it being noted in the resident's records as required. The issue raised by the inspector has been resolved and the computerized system now in place will prevent any further gaps. Complete.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Sonas Innis Ree is committed to ensuring that there is a restraint free environment for all residents. All residents have now been comprehensively reviewed to ensure that practices are in line with best practice. We also encourage positive risk taking and our new computerised care planning system enables us to record same. We have conducted meetings with staff and explained the reasons why that practice observed by the inspectors was inappropriate. This practice was ceased immediately. We will continue to discuss at daily staff huddles and the PIC will monitor on the walkarounds. Complete.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: At the time of the inspection there was an approved plan in place to install a completely new nurse call system. Whilst we waited for the external company to do this 'walky talky' units had been introduced and this meant that the which did mean that the intercom was used less often. Feedback from the residents said that they did not find the noise of the intercom impinged on their dignity or respect. However, the provider is still committed to addressing same. The new system will be fully installed by 31/10/2022.</p> <p>We are actively seeking to recruit a recreational therapist and interim are ensuring sufficient supply of activities delivered by external providers. We have also deployed the visiting coordinator to this role. Complete and ongoing.</p> <p>Our SOP clearly states that the additional services charge is optional. Our contract clearly outlines the various fees and this is explained in detail to the resident and/or their representative during the pre-admission assessment. Complete.</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	30/09/2022
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.	Not Compliant	Orange	14/10/2022
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Not Compliant	Yellow	30/09/2022

Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Not Compliant	Yellow	30/09/2022
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Not Compliant	Yellow	30/09/2022
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Not Compliant	Yellow	30/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/07/2022
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.	Substantially Compliant	Yellow	12/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	16/09/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	28/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/09/2022
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	Substantially Compliant	Yellow	12/09/2022

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	28/07/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or	Substantially Compliant	Yellow	28/07/2022

	risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	16/09/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	16/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	16/09/2022

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/11/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/07/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	28/07/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Not Compliant	Orange	28/09/2022

	Department of Health from time to time.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/07/2022
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	30/11/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/07/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	31/10/2022

